THE AMERICAN

MEDICAL MONTHLY.

JULY, 1856.

ESSAYS, MONOGRAPHS, AND CASES.

Notes of a Case of Wet Gangrene of the Skin of the Abdomen, following the Application of a Seton in the Right Hypochondrium, in the Treatment of an Affection of the Liver, accompanied with Ascites. By PEDRO VAVASSEUR, M.D. Translated from the Spanish (*Anales de la Sociedad de Medecina Montevideana, May*, 1855), by J. O. BRONSON, M.D.

M. O., an unmarried female, aged 50 years, of lymphatic nervous temperament, very delicate, and of extreme sensibility, had enjoyed very good health, menstruating regularly, until within three or four months past. She had always a good appetite; her digestive powers were slow and weak; the alvine evacuations a little difficult, still there was no gastric pain. From time to time symptoms of flatulency appeared without vomiting, which yielded to some stimulating draught. She had always been very regular in her habits, but still suffered, as she had for the space of nine or ten years, much moral depression, on account of the political state of the Argentine Republic, of which she was a native. Being in the habit of reading works on popular medicine, she had used an infinite number of remedies for her minor ailments.

For something like three months she had noticed a change in her digestive functions. Her appetite failed, and she suffered alternately, diarrhœa and constipation, and at last noticed a slight elevation in the lower part of the abdomen, for which she took drastic purgatives, especially Brandreth's pills. Experiencing no alleviation, and becoming alarmed at the swelling of the bowels, she consulted me on the 24th of April last.

Her condition was as follows:—Emaciation, extreme; complexion, sallow; expression of countenance, febrile; pulse, frequent (100 per minute), hard, and vibrating but a little, full; tongue, white in centre, with red borders; mouth, bitter; and some tenderness of the epigastric region, which was noticed to be a little elevated.

Percussion indicated the presence of an elastic fluid in the stomach and intestines. The urine was scanty, dark and turbid. Stools, small in quantity and dry. Her appetite was gone, but she had a constant desire for acid drinks. Examination in the hepatic region by palpation and percussion discovered nothing pertinent; but attention was attracted to a tumor, situated in the right hypogastrium, about the size of a child's head, extending from the crest of the ilium to the linea alba, and its upper border reached the breadth of three fingers above the last rib. It being indolent and exhibiting fluctuation, left no doubt of the existence of a large quantity of fluid. My first opinion was that it was encysted dropsy of the ovary. In fact, the suppression of menstruation, being unaccompanied with pain, and the situation of the tumor, confirmed me in this opinion, notwithstanding there was no distinguishing symptom to make it absolute.

In view of the febrile symptoms, of the constipation, of the irritation of the intestinal tube, of the scantiness of the urine, I prescribed a light decoction of the root of asparagus, with one grain of the nitrate of potassa, and a laxative enema, recommending, also, a strict diet.

The family becoming alarmed at the opinion that was formed concerning the seriousness of the malady, proposed a consultation, to which I at once acceded. On the following day, Drs. Cordero and Peralta met me.

After examining the case we found as follows :—The febrile symptoms, gastro-intestinal irritation, and tympanitis had disappeared; the tongue was more natural, but a little white; the thirst less, and no bad taste in the mouth; the pulse had lessened in frequency to 75 pulsations, a little vibrating, but much softer; the urine sufficiently abundant, and less loaded; the stools copious and natural. The tumefaction in the lower part of the bowels, appeared to me a little diminished; and not without great surprise I noticed it had extended to the left side, and that the circumscription that had been noticed the day before, had entirely disappeared. This left me no reason for believing any longer in the existence of an encysted tumor.

I caused my colleagues to take particular notice that I had employed all possible means for avoiding error, and that it was absolutely not possible to know whether she had had like changes on any previous day. May be it was so; the manifest fluctuation in the lower part of the bowels, and the increase of the tumor upon the downward side whenever the woman was lying upon either side, left as little doubt of the presence of ascites.

Was this collection of water idiopathic or symptomatic, and what was the cause of it?

In considering the case with the greatest care and without haste, every one of us was convinced that the functions of respiration, of the heart and the great vessels, presented no abnormality. It was necessary to fix the cause within the organs of digestion, and keeping in view the previous history of the case as she gave it—the old disorder of the digestive functions, though transient and light; the irregularity of the alvine evacuations; the sallowness of the complexion; the scantiness and high color of the urine, &c.;—we were induced to believe the disease was owing to an obscure, chronic affection of the liver, although it was not possible to find anything in this organ, nor, indeed, in any other of the abdominal organs and vessels. In fact, there was nothing to be found in the right hypochondrium—no other tumor could be discovered. There was no abnormal hardness, and the patient did not at any time have pain or tenderness in her bowels. Consequently we class-

ified the disease as ascites, caused by a chronic affection of the liver, the nature of which we were unable to determine; but there was certainly obstruction in the portal system, and to it most certainly we could point, as accounting for the fluid in the abdomen.

Our prognosis was unfavorable.

Agreeably with the above exposition, Dr. Cordero proposed the application of a seton in the hepatic region. This proposition was assented to without discussion by Dr. Peralta. As to myself, I did not think such means efficacious in like cases; and, moreover, the feebleness and extreme sensibility of the patient, strengthened me against it. These objections were refuted, and I yielded to the opinion of my colleagues. Dr. Cordero proceeded at once to perform this small operation, which presented nothing worthy of notice more than unusual thinness of skin, entire absence of adipose tissue, and the very small quantity of blood following the incisions. We agreed, however, in the use of diuretic preparations and of iron. After the seton was inserted, friction with camphorated mercurial ointment was prescribed. Light but nutritious diet was recommended. Agreeably with these resolutions, the prescriptions were as follows:—

℞ Rad. asparagi (off.) ℥j
Aq. fontanæ, oj
ft decoc. et add
Syrup. quinque radic. ℥ij
haustus cyathus sumendus.

℞ Rad. scillæ, pulv. gr.vj
Ferri pulv. gr.xij
Eset cichosu
Rad. glycyr. pulv. aa q. s.
ft pil xij tres gran. e quibus sing. quaque nocte.

Upon the morning of the second day, the patient was without fever, and had passed a good night, with the exception of being disturbed by the pain of the seton. The urine was notably more abundant, clearer, and more natural, and during the night two copious, feculent stools were produced. Emollient cataplasms were applied to the seton, and the previous remedies continued.

Upon the third day, the pain from the seton was less, the

border of the incision was red and somewhat swelled, the urine improved in quantity and quality, and one alvine evacuation of the same character as the previous day. The abdomen had come down about half an inch under the use of the remedies.

On the fourth day, the patient complained much of the seton, but in other respects felt relieved. All of that portion of the skin comprised within the two mouths of the seton and the immediate tumefaction, was very red and painful. I did not draw the string, in order not to irritate the wound more, dressed it with simple cerate, and prescribed a continuance of the emollient applications.

On the fifth day, there was less pain. The redness and tumefaction was considerably diminished, the suppuration had commenced, and I drew the string *secundum artem*. Moreover, the urine was abundant and nearly natural, and there had been three copious evacuations. The bulk of the abdomen had decreased one inch and a half, as compared with previous measurement. The patient was easy, and had some appetite. The same remedies and applications to be continued.

The two following days she remained much the same. The seton suppurated abundantly, and the pus was of good quality. In the meantime the patient complained of a sense of constriction and some pain. The abdomen had decreased one inch, one or two alvine evacuations had been produced, and the appetite and digestion became natural. Continue the same treatment.

On the eighth day, the patient had not slept, on account of the pain from the seton. The skin was perceived to be swelled, red, phlegmonous, and being gently pressed, a large quantity of reddish pus, of bad appearance, issued from the wound. In order not to irritate the wound, and to give free outlet to the suppuration, I made the string, which was of leather, smaller.

On the following day, the ninth, the suppuration was active, and of a good character. Pain enough from the seton, and in the midst of the opening there appeared a little vesicle, full of serosity. This was broken, and in the bottom of it was to be seen a spot of a leaden color. I did not draw the seton, but ordered a continuance of all the remedies.

On the tenth day, the spot had extended more than two lines

in all directions, and its black appearance left no doubt in my mind of its gangrenous quality. The pain was severe and accompanied with heat. Convinced that these symptoms of gangrene, as they appeared to me, were owing to the extreme irritation caused by a foreign body (the seton), and dreading its advancement, because of the effect which mortification would produce in one already so emaciated, I did not hesitate to remove the seton, and dress the wound with the cerate of Galen, and have the emollient applications oftener repeated. I hoped, in virtue of the axiom, *sublata causa, tollitem effectus*, to limit the gangrene to that portion of the skin comprised between the two incisions, and afterwards see the wound close very promptly. But my hopes were blasted. In fact, the three following days, in spite of more methodical dressings, and of the uninterrupted use of the most efficacious emollient applications, the gangrene continued to spread two or three lines in circumference every day. At the end of the fourteenth day, alarmed by the progress of the mortification, and convinced of the inutility of following that plan any longer, I resolved to change the method, and try antiseptics and tonics, in spite of the red color of the skin, and, in fact, dress the wound with a mixture of equal parts of powdered quinine, camphor, and charcoal of poplar wood, and apply one thickness of lint soaked in aromatic wine. I recommended, also, to cover all these with a large, thick compress, wet in the same wine. For four days I continued these remedies, without perceiving any very apparent change, excepting, it appeared to me, the gangrene progressed a little more slowly. The general condition of the patient was a little more or less the same; the appetite regular; the pulse natural through the day, but somewhat accelerated at night. The urine had decreased, but the alvine evacuations, of which there had been two or three in twenty-four hours, were abundant and natural.

Pained by the ill-success of my endeavors, and fearing the consequences of a great loss of substance, and such abundant suppuration in a person already so debilitated, I asked another consultation, and the following (19th) day was appointed for consultation with Dr. Peralta, alone. After examining all things, my colleague ascribed, as I had in the beginning, the

cause of all these accidents to an excess of inflammation, and proposed to combat it by the most efficacious antiphlogistic measures; *verbi gratia*, by an application of leeches around upon the red border circumscribing the gangrenous part, bathing with water of the root of althea and linseed, and continual fomentations of the same articles, mixed with milk, and inwardly mucilaginous drinks, and very light diet. I combatted these ideas as well as I was able, arguing on the little or no advantage which accrued on previous days, when I had followed the plan proposed by him; in the alleviation I had obtained by my second method in the spread of the gangrene; in the state of extreme debility of the patient; in the feebleness of the pulse; and, finally, in the fear which seized me, that every one of the leech-bites might be converted into a new spot of gangrene. I moreover showed to him that the inflammation of the dermis which here existed, was not that of phlogosis clear and decided from excess of vitality, and it would be better to consider it as irritation, spurious and of bad character, owing to the unyielding of the tissues. After an animated discussion, we agreed to try vigorous antiphlogistic measures for 24 or 36 hours, with the exception of leeches, which I formally opposed. According to the agreement, I cleansed the ulcer and the surrounding integuments of the powders with which it had been dressed, and dressed it with lint and simple cerate—applying the fomentations over that, and recommended her to use the lotion every three hours, and prescribed gum water with lemon juice, and a very light diet.

At the end of 24 hours, Dr. Peralta came back to see the patient, and with him Dr. Gaffarot. I was astonished at the progress of the ulceration in so few hours (more than one inch and a half in all the circumference of the part involved, principally downwards and toward the linea alba). The heat of the inflammatory circle was scarcely red. There was discovered an œdema of the skin in all the lower part of the belly, and extending down to the mons veneris, retaining the impression when pressed upon by the finger. Moreover, we had not only lost all the gain on the size of the belly, but there was evidently an increase of the serous collection.

Dr. Peralta confessed with much sincerity the inappropriate-

ness of the course pursued, and acceded, without discussion, to my proposition to return to the treatment by antiseptics and tonics, in their breadth and strength, both externally and internally. In this I was strongly supported by Dr. Gaffarot. Accordingly, then, we three agreed to dress the ulcer with the powdered quinine and camphor, with the addition of half a drachm of tonic acid to the ounce; with lint spread with ointment of styrax, and fomentations over the whole extent of the abdomen, to be renewed every moment, of aromatic wine enlivened by one ounce of tincture of camphor, and a scruple of tannin for every ounce of wine.

Moreover, we prescribed a light decoction of quina, distilled cinnamon water, and syrup of orange peel, with a nourishing diet, and a little good old port wine after eating. It is unnecessary to say that she abandoned the use of the pills of squills and iron, which the patient had taken until then.

Evidently the prognosis was serious; since, to the danger of the previous and original disease was added, what we feared the most immediate danger from, the gangrene of so great extension. In fact, supposing it favorable for the limitation of the mortification, we could not but dread the effect, on a constitution so weak, of so great suppuration, or the absorption of pus.

This course was observed with great care for the space of four days, and it appeared to me that the progress of the gangrene was less rapid; the strength generally was maintained well enough, and the pulse was much more natural. The patient had no pain, except an uncomfortable constriction in the abdomen, and she complained principally of want of sleep.

On the fifth day, the 25th after the application of the wretched seton, I noticed that the gangrene had reached a limitation in the upper part of the spot where the seton had been; since a circle of a legitimate color, and a line of white suppuration had appeared upon the border around, about three inches. Moreover, the slough appeared to be loose. On the the 29th day, the upper part of the slough had become loose, and I determined to cut away all that was separated; that is to say, more than three inches long and over two inches broad. The wound underneath the escar was red, fair, and gave out

pus of a good quality. That part was dressed with lint and simple cerate, using the other remedies on the remaining portion, as the mortification continued there, although with no great vigor. The œdema had completely disappeared, and I was led to conceive the hope of seeing a limitation entirely to the gangrenous action. The upper, clean part of the wound advanced properly and began to give signs of cicatrization. On the 32d day, another portion of the slough, 3½ inches broad by 5 inches long, becoming loosened, I cut it away, and underneath it could see, as in the first instance, the wound reddened and covered with healthy suppuration. I dressed it with lint and simple cerate. The progress of the gangrene, which continued to extend towards the *pudendum* and linea alba, did not gain more than half a line in 24 hours. The bulk of the abdomen appeared to remain stationary.

In a few days, the gangrene had reached its limit, and nearly the whole slough was removed, leaving only a small portion at the inferior part, which fell off of its own accord on the following day. The ulcer in its other parts was clean, of a healthy color, and covered with granulations very much like a burn in the second stage, and poured out abundant suppuration, but of a healthy character. Discontinuing the tonic applications, I dressed this immense suppurating surface—which extended from above, beneath the breast, as far as the mons veneris, and in breadth from a point on a level with the crest of the ilium to the linea alba, occupying, in a word, one-half the abdomen—with simple cerate.

From that time it began to cicatrize with the same rapidity it had before passed into a state of gangrene. The suppuration was very abundant and of a better nature.

The bulk of the belly decreased remarkably, and her general condition was very flattering.

But by measuring—as the quantity of pus grew less, the suppurating surface every day becoming smaller—the ascites began to make a little progress. At the end of twenty-one days from the time the gangrene was checked, there remained of this immense wound but three small suppurating points, not more than one inch in size. All the other surface was covered with a healthy, firm cicatrix.

Still the volume of the abdomen increased every day; the œdema manifested itself first in the right leg, and soon after in the other—the urine, in the meantime, becoming scanty.

It appeared to me an opportune time for the exhibition of diuretics with iron, but they were without effect, excepting the alvine evacuations were more abundant and more frequent. The swelling of the belly, and the œdema, continued to increase. The work of cicatrization suddenly ceased, which, to this time, had been so active, and the three openings put on a bad color, and poured out pus of a grey, glutinous nature; and three or four black spots appeared in various parts of the cicatrix principally in that part where gangrene commenced the first time. I had recourse again to the tonic and antiseptic plan, but all to no purpose, for the mortification made new progress. The œdema and the dropsy increased more and more every day, until they extended on both sides to the waist; the appetite and sleep were lost; the pulse was feeble and small. From time to time there appeared a little dyspnœa, and some sharp pain in the hepatic region, which extended to the heart. In a word, the general condition left no hope of preserving the poor patient's life, but a very short time.

At last, on the morning of the seventh of July, the patient asked the consolations of our sacred religion. She kneeled to partake of the sacrament, and being raised up, breathed two or three times, and quietly died without a struggle.

In spite of all my efforts, it was not possible to have an autopsy, consequently these observations are incomplete.

This case appears to me to present some points worthy of faithful attention, viz:

1. The circumscription of the ascites in the right side at the beginning, which led me to believe it to be encysted dropsy.

2. The danger which is likely to follow the application of a seton, in one so much debilitated, and, moreover, whose tissues are so very thin, and almost without vitality.

3. The difference presented between certain inflammations, and the treatment indicated.

4. The diminution of the collection of water under the influence of very abundant suppuration.

5. Lastly, the rapidity with which cicatrization occurred, after the limitation of the gangrene, and the throwing off the eschar.

Selections from Favorite Prescriptions of Living American Practitioners. By HORACE GREEN, M.D.

Excitants and Alteratives. (Continued.)

Not only in the preceding diseases—severe folliculitis, and secondary, or constitutional disease,—has this combination of the iodides, the *hydrargyro-iodide of potassium*, been found useful, but its administration in many obstinate cutaneous affections has proved, in our hands, to be highly advantageous.

℞ Extract Conii, ℥iss
Proto-Iodid. Hydrarg. gra. iv
Potassæ Iodidi ℥iij
Tinct. Cardamon, ℥ij
Syr. Sarsa. Co. ℥iv
Fiat mistura. Capiat. cochl. parv. bis terve in die.

This preparation, administered as above, may be employed in the treatment of lupus, lepra, and other obstinate cutaneous affections, especially those of a scaly character, with safety and advantage. With my colleague, Prof. J. M. Carnochan, Surgeon-in-Chief to the State Hospital, Donovan's solution—which is a combination of iodine, arsenic, and mercury—is a favorite remedy in the treatment of lupus, venereal eruptions, impetigo, and other chronic, cutaneous diseases.

℞ Liquor Arsenici et Hydrarg. Iodid. ℥ss
Syr. Sarsa. Co. ℥viij
M. Sumat cochl. una parv. ter quotidie.

In laryngeal and bronchial disease, and also in the early stage of phthisis, when any degree of febrile action is present, the iodide of potassium, in combination with antimony, will frequently prove more useful than when administered alone.

℞ Potass. Iodidi. ℥ij
Antimon. et Potass. tart. gra. ij
Syr. Zinziber.
Aquæ font. aa ℥iij
Fiat mistura. cujus sumat. cochl. parv. bis in die.

Or we may, under the same circumstances, exhibit the following:—

℞ Potass. Iodidi ℥iiss
Syr. Ipecac. ℥ij
Aquæ font. ℥iv
M. Copiat cochl. parv. bis terve in die.

A combination of the medicinal hydrocyanic acid, with a solution of iodide of potassium, constitutes a favorite remedy with some practitioners in the treatment of phthisis.

℞ Potass. Iodidi ℥ij
Acidi Hydrocyanici, gtts. xl
Syr. Sarsa. Comp.
Aquæ font. aa ℥ij
Ft. mist. Sumatur cochl. min. mane ac nocte.

Although, as we have stated, the iodide of potassium is a better preparation for administration than the iodine, in most forms of disease; yet, when indications of a scrofulous diathesis are present, especially in young persons and children, it will be preferable, and will frequently prove more efficacious, to exhibit the two preparations in combination.

℞ Iodini gra. x
Potass. Iodid. ℥i
Syr. Rhei.
Aquæ puræ. aa ℥ij
Fiat mistura, date cochl. parv. ter in die.

Few remedies will be found more efficacious for promoting the absorption of glandular swellings in the neck, or of those in other parts of the body, than the following preparation:—

℞ Iodini gra. x
Potass. Iodid. ℥i
Liquor Potass. ℥i
Syr. Sarsa. ℥iij
Fiat solutio. Capiat cochl. parvum bis in die.

In the treatment of hypertrophy of the heart, and in other diseases of this organ, when it is important to reduce vascular action, the subjoined mixture may be advantageously exhibited.

℞ Potass. Iodidi ℥iiss
Tinct. Hyoscyami
" Digitali. aa ℥ss
Syr. Sarsa. Co. ℥v
Fiat mistura, date cochl. min. mane ac nocte.

The combining of iodine and iron was first practised by Dr. Pierquin, and the product of this combination—the iodide

of iron, was employed by him for the treatment of disease, in 1824, although the credit of first introducing the remedy into medical practice, is attributed to Dr. Thompson, of London.

The iodide of iron is a valuable therapeutic agent. In its operation on the system it is considered to be more nearly allied to the preparations of iron than to those of iodine. In scrofulous debility, in strumous enlargements of the glandular system, in chlorosis, and amenorrhœa, and in most affections, where ferruginous preparations are indicated, the iodide of iron has been found especially useful. It is most frequently administered in the form of a syrup. Syrup of the iodide of iron may be used as a tonic in doses of from xv to xxv drops, twice daily, in the treatment of any of the preceding diseases.

Several years ago, Dr. Dupasquier, of Lyons, published some interesting statements in regard to the favorable effects of the proto-iodide of iron in the treatment of pulmonary phthisis. An eminent physician of New Orleans, who has had much experience in the treatment of thoracic disease, strongly recommends in phthisis, chronic bronchitis, &c., the following combination :—

℞	Syr. Ferri. Iodidi		ʒvi
	Potass. Iodidi		gra. xii
	Glycerinæ pur.		
	Syrupi. Limonis	aa	ʒi
	Aquæ font.		ʒiv

Fiat mistura, cujus capiat cochl. ampl. ter in die, ante cibum.

It is highly desirable that so important a therapeutic agent as the iodide of potassium should be of such a degree of purity as not to affect its medical use. But, unfortunately, not only impurities, but adulterations of the commercial article are often found to exist. It is frequently found adulterated with carbonate of potassa, with the chloride of sodium, and when not prepared with care, will often contain the iodate of potassa. Some test, therefore, which will enable us to detect these adulterations easily and with certainty, is quite desirable. When adulterated with carbonate of potassa, it may readily be detected by dissolving the suspected article in alcohol. Iodide of potassium which contains no water of crystallization, is freely dissolved by alcohol; but the carbonate of potash will not dissolve. A very simple and certain test is given in a late

number of the *London Pharmaceutical Journal*, to detect the presence of either carbonate or iodate of potash. This is the *syrup of the iodide of iron*. To a small amount of the iodide of potassium in solution, add a drop or two of the syrup of iodide of iron. If pure, no change will be produced; but if carbonate of potash be present, a *pale blue* precipitate is formed at once. If the specimen contain iodate of potassa, a *red* precipitate occurs immediately. If both carbonate and iodate of potash are present, on adding the test, first a deeper blue, and then a red precipitate will be found. If the usual precautions, as to equal quantities, &c., are observed, with the samples examined, the resultant precipitates will show the relative amount of the adulterating agents in each. We have used this test frequently, in examining different preparations of the iodide f potassium, and have found it efficient in detecting their presence, when these adulterations have existed.

Seventh Annual Report of the Governors of the Alms House, New York, for the year 1855.

This Report is of great interest to medical men, as it contains the Reports of the following Hospitals, viz: Bellevue Hospital, Blackwell's Island Hospital, Small Pox Hospital, Nursery Hospital, Colored Home, and Lunatic Asylum. In these Hospitals, *twelve thousand eight hundred and sixty-six patients* were treated during the year 1855. Our limits will only permit a brief abstract of the Medical Reports of each of these Hospitals.

BELLEVUE HOSPITAL.

Medical Officers. Jan. 1st, 1856.

Consulting Physicians—Drs. John W. Francis, (Pres't of the Board), and Isaac Wood.

Visiting Physicians—Drs. Alonzo Clark, Benj. W. McCready, Isaac E. Taylor, George T. Elliot, B. Fordyce Barker, and John T. Metcalfe.

Consulting Surgeons—Drs. Valentine Mott, and Alexander H. Stevens.

Visiting Surgeons—Drs. James R. Wood, Lewis A. Sayre, John A. Lidell, John J. Crane, Stephen Smith, and Charles D. Smith.

House Staff.

House Physicians—Drs. C. L. Ives, Wm. H. Draper, and James D. Galt.

House Surgeons—Drs. George K. Amerman and William Frothingham.

Assistant Physicians—Drs. Henry C. Pointer, Henry Janes, and Homer O. Hitchcock.

Assistant Surgeons—William Gentry, John M. E. Wetmore.

Apothecary—John Frey.

The whole number of patients treated during the year 1855, was	6,697
Died,	629
In the lying-in department, there were—	
Births,	306
Labors,	303
Deaths,	7
The deaths were—	
Puerperal Fever,	3
" Convulsions,	2
" Peritonitis,	1
Rupture of Uterus,	1

Of the whole number of deaths, *one hundred and sixty-seven* died within *five days* after admission; and *one hundred and ninety-two* from consumption. There were *fifty* Coroner's cases.

The Governors have made a noble addition to the Hospital during the last year, a four story building of stone, containing fifteen wards, each having twenty beds, a bath room and a water closet. The other arrangements for heating and ventilating the wards are very complete. The Governors are about to add another story to the main building, so that when these improvements are completed 1200 patients will be amply accommodated. This Hospital will then surpass,—in its size, the perfection of its arrangements, in salubrity and beauty of location, and advantages for clinical teaching,—any other general Hospital in the world.

BLACKWELL'S ISLAND HOSPITALS.

These Hospitals are under the charge of Wm. W. Sanger, M.D., Resident Physician. His staff are the following assistant physicians: Drs. Reed, Hurd, Abrahams, Flournoy, Magoffin, White, and Packard. Dr. Sanger's report is a model one, and exhibits him as a working executive officer, of the highest order of talent. It contains 21 tables, grouping a series of facts of great interest and importance. The first table is a complete and comprehensive medical history of the Hospital during the year 1855. The whole number under treatment was 2,657.

We have not space to analyze the series of interesting facts presented in the other tables. We can only glance at a few of them. Table E shows the proportion of natives admitted was $29\frac{1}{10}$ per cent.; foreigners, $70\frac{9}{10}$ per cent. Of the foreign born patients, $88\frac{1}{10}$ per cent. were British subjects; from Germany, $7\frac{7}{10}$ per cent.; from all other countries, $3\frac{5}{10}$ per cent. From Table G we learn the melancholy fact that over 73 per cent. were under 30 years of age.

Table H shows the degree of education possessed by those admitted. The $52\frac{3}{10}$ per cent. that "can read and write imperfectly" are hardly one degree removed from the 33 per cent. "uneducated." Of the total number admitted,

Can read and write well, -	$13\frac{5}{10}$ per cent.
" " " " imperfectly, -	$52\frac{3}{10}$ "
Uneducated, - - - - -	33 "
Unascertained, - - - - -	$1\frac{2}{10}$ "

Table K shows the fact that $88\frac{1}{10}$ per cent. of all admitted during 1855 were drinkers of intoxicating liquors; and there is no disguising the fact that those marked as "Temperate" or "Moderate Drinkers" could be classed under the heads "Intemperate" or "Habitual Drunkards." Take the three tables G, H and K, and do they not present to the Christian and Philanthropist facts of the most melancholy nature, namely: that $73\frac{7}{10}$ per cent. of those were under 30 years of age; $85\frac{3}{10}$ per cent. were almost entirely uneducated; and $88\frac{1}{10}$ per cent. were intemperate drinkers of intoxicating liquors?

Table Q shows the duration of treatment, and Table R the

results of treatment. The ratio of mortality of patients treated in the Hospital is $2\frac{3}{10}$ per cent. If the patients treated in the Penitentiary are included, the ratio of mortality is but $1\frac{6}{10}$ per cent.

The new Small Pox Hospital is now nearly completed. It will accommodate all classes, separate from each other, where they can have all the conveniences and comforts of home. The upper story is divided into private rooms for gentlemen or ladies, where they can enjoy all the privacy and more attention than they could command in their own houses.

We cannot forbear saying in this connection, that Dr. Sanger, by his wise suggestions and untiring energy, is effecting great changes in the institutions on Blackwell's Island, equally advantageous to the interests of science and of humanity.

Nursery Hospital.

This Hospital is very similar in character to the "Hospital for Sick Children," of Paris. Henry N. Whittlesey, M.D., is the Resident Physician. His assistants during the last year were Drs. A. Wilkinson and C. Knight. Dr. Whittlesey's report is very short, but to the point. During the year 1855, 2,310 patients were treated in the Hospital. There were 202 deaths. The per centage of mortality is $9\frac{5}{10}$. Scarlet fever and measles appeared simultaneously among the children in April, 1855, numbering during the months of April and May, 215 cases. This epidemic, with some mitigation in intensity, has continued until the present time, and has increased the bill of mortality, not only directly, but by its complications and the constitutional diseases which it has served to develop. A table of the diseases of those who died, is appended to the report. There died from

Measles, and its complications,	50
Scarlet Fever, and do.	29
Cachexiæ of various forms,	26
Marasmus,	11

There were but 7 deaths from Dysentery,
4 " " Diarrhœa,
1 " " Cholera Infantum,
8 " " Pneumonia.

COLORED HOME.

James D. Fitch. M.D., Resident Physician; Benjamin Lee, M.D., Assistant do. Whole number of patients treated during the year 1855, - - - - - 868

Deaths, - - - - - - 108

38 deaths were from Phthisis,
7 " " " Dropsy,
6 " " " Tabes Mesenterica,
9 " " " Pneumonia.

LUNATIC ASYLUM.

M. H. Ranney, M.D., Resident Physician; J. O. Lansing, M.D., F. A. Smith, M.D., Assistant Physicians.

The whole number of patients treated during the year was - - - 926
Discharged during the year, - - 253
Died, - - - - - 100
Remaining Dec. 31st, 1855, - - 573

The causes of death were as follows:—Consumption 29, Paralysis Generale 18, Epilepsy 7, Chronic Diarrhœa 7, Typhomania 6, Old Age 5, Congestion of the Brain 5, Inflammation of the Brain 2, Hemiplegia 3, Apoplexy 2, Typhus Fever 2, Hypertrophy of the Heart 2, Pneumonia 2, Bronchitis, Pleurisy, Hydrothorax, Ascites, Erysipelas, Scurvy, Submersion. each 1, Anasarca 3.

It will thus be seen that the opportunities for clinical study, for seeing disease, is nearly as great in New York as in Paris. In addition to the above, under the charge of the Board of Governors, we have also the State Emigrants' Hospital (nearly as large as the Hotel Dieu, of Paris), the New York Hospital, St. Vincent's Hospital, the Woman's Hospital, the New York Lying-in Asylum, and the Ophthalmic Hospital. St. Luke's Hospital, a large and beautiful hospital, will also soon be opened for the reception of patients, and for clinical instruction.

It is not improper to call the attention of the parents and guardians of young men pursuing the study of medicine, to the comparative advantages of New York and Paris in some other respects. "See Paris and die," is a saying which has some influence in professional as well as in other ranks, but it cannot

be concealed that one who devotes a year of time and a thousand dollars of money to the study of medicine in Paris, does not necessarily bring away his "quid pro quo." Both time and money are required for the voyage, and still more of each in becoming so familiar with the language, as to make attendance on the lectures really profitable. It will be placing the average of available time quite high, if we suppose that it is six months. Now, in this city there is enough to occupy a young graduate fully and constantly for more than a year. More can be seen of disease, medical and surgical, than in any other American city; for New Orleans alone has any thing like the same amount of hospital accommodation, and but few are able to remain there during the Summer months. New York, on the other hand, is a healthy city, and with the reasonable care one should every where exercise, perfect health may be enjoyed. Study may be pursued either publicly or privately, and full occupation can be found by the most industrious.

We may bring down a shower of reproaches, if we allude to another advantage which New York possesses over the gay French capital; we mean the moral. If New York be not uncontaminated by vice, it is by no means so deeply sunk in it as Paris. Temptations, fascinating as they are numerous, assail the young man abroad, far away from home and the possibility of meeting his friends. The grisette and lorette conquer where the American or Irish courtezan would be repulsed. Desire to "see the world" would there lead to the gaming table, while here the moral and religious restraints would be sufficient defences against the danger. True, it is not so sounding to speak of the time "when I was in New York," as it is of the time "when I was in Paris"; and with some it is a gratification to be able to answer "yes," when asked "have you been abroad." If one desires to travel, and has the means, it is a profitable way of passing time; but it should be known, and distinctly understood, that it is not absolutely necessary to go to Europe to obtain a thorough medical education. And the risk of moral contamination of the gayest and most dissolute metropolis in the world, need not, of necessity, be incurred.

PROCEEDINGS OF SOCIETIES.

NEW YORK PATHOLOGICAL SOCIETY.

Reported for the MONTHLY by E. LEE JONES, M. D., Secretary.

May 14. Three specimens of *tumors* were presented. The first by *Dr. Clark*, was a serous cyst in the broad ligament (not connected with the ovary) of the uterus, about the size of the two fists, which was found in the autopsy of a patient who died of gangrene of the lungs, but was not recognized during life. At first sight the doctor had believed the tumor to be ovarian, but upon closer investigation decided that it was not; first, because there were in the same broad ligament several other distinct cysts; and secondly, because upon evacuating the tumor no remains of the ovary could be found, which is generally the case when the effusion occurs in its structure. Upon incising its walls a clear light straw-colored fluid, amounting to about 24 oz., flowed forth.

Two tumors were then presented by *Dr. Agnew*, which showed that peculiar calcification described by Mr. Paget as a disease of fibrous tumors. The first, a large fibrous tumor of the uterus, had within it a calcified spot nearly the size of a walnut. Nothing connected with the history of the case was known, and the object of its presentation was to draw a comparison between it and a small fibrous tumor removed from the scalp of a negro, which the doctor likewise presented. In this there were several points of calcific degeneration separated one from the other by intervening fibrous texture. The tumor, which having been once removed, returned, was about the size of a hen's egg, flattened and irregular in form; its growth had been of eleven years duration, and it presented nothing either in its history or in the microscopic examination which led to a suspicion of malignancy. The examination of the tumor had been made by Dr. Clark, who had found in it fibrous cells, but none of the bright oval cells described by Paget and Lebert.

Dr. Van Buren remarked, that while in uterine tumors calcific degeneration is very common, in sub-cutaneous tumors it is very rare; he can recall but two cases in which he has met with it, namely: in two fatty tumors which he presented to the Society some years ago.

Dr. Watts mentioned having met with a case of this degeneration in a tumor of the breast.

Dr. Gardner desired to know whether fibrous tumors of the uterus

were not much more frequent in the black than in the white female; such was the result of his experience, and he quoted in support of it a remark to that effect made by Dubois in one of his cliniques.

Several gentlemen gave confirmative replies to the question, and *Dr. Sabine* stated that in researches on the subject instituted by him at the Colored Home, he discovered that it was decidedly the exception, and not the rule, to find a negress arrived at mature years without such a growth;—almost all have one or more. And *Dr. Finnell* mentioned, that in a negro family which he attended, four females had fibrous tumors of the uterus.

Two specimens of *atheromatous degeneration* of *arteries* were presented. The first, by *Dr. Clark*, showed extensive degeneration of the arteries of the base of the brain of a person who had died of arachnitis after having been for a length of time paralyzed; the paralysis recurring suddenly and being complete on one side. At a *post-mortem examination* the basilar and upper part of the carotid arteries were found enlarged and degenerated, the same atheromatous alteration was observed in the minute branches of the vessel, and upon carefully incising the brain the remains of nine apoplectic cysts were discovered, the largest and that which probably caused the paralysis being in the crus cerebri of one side, partly isolating the Pons Varolii from the hemisphere of that side. The points of chief interest in the case were: first, the connection between the frequent occurrence of apoplectic effusions and the degeneration of the arteries; and secondly, none of the effusions having been attended with evil consequences except the last, which was so, probably, merely from its situation in the crus, cutting off so much of the cerebral force from one side. The probability is, remarked the doctor, that in the large majority of instances, apoplexy arises from rupture of arteries, which have undergone previous degeneration, but this is rather surmised than demonstrated, and we have rarely a specimen which shows so plainly the connection one with the other. We frequently see, he continued, cases of paralysis of short duration unaccompanied by any post-mortem appearance, the disease having arisen from some obstruction of the cerebral vessels; he is uncertain how long, a paralysis thus caused may last, but generally concludes when he sees it continue over two or three weeks that it depends on the effusion of a clot.

Dr. Cock showed a similar case occurring in a woman who showed (with paralysis?) the symptoms of poisoning by strychnia, the characteristic subsultus, etc. At a post-mortem examination no clot could be found although carefully sought for.

Dr. White stated that he once presented to the Society a case similar to these two, which was apparently dependent on a rheumatic diathesis; neither of the above cases, however, had such connection.

Stricture of urethra and coexisting disease of Genito-urinary system. Two specimens showing these lesions were presented, one by *Dr. Van Buren*, in which there existed stricture of the urethra with marked hypertrophy of the bladder, and an abscess in the bulbous portion of the urethra, which communicated with the canal by a small fistulous orifice, due to perforation of its walls, by an ulcer just behind the stricture; and another by *Dr. Hutchinson* for Dr. Kissam, showing stricture of the urethra with abscess of the prostate gland and diseases of the kidneys and ureters and bladder. The following are the histories of the cases:

Fatal extravasation of Urine (following Puncture of the bladder for retention from stricture) invading a Hernial tumor of the groin, and giving rise to symptoms simulating incarceration.

Dr. William H. Van Buren presented the bladder and urethra of a patient who died at the New York Hospital two days after admission, with extravasation of urine. The man, John Cummings, was thirty-five years of age, of careless and irregular habits, and had been suffering more or less severely from stricture, the result of gonorrhœa, for the last six or eight years. During this period *he had been twice subjected to perineal section* in consequence of complete retention of urine, but, from inattention to the necessary after treatment, he had derived no permanent benefit from either operation. His bladder had also, on two occasions, been punctured above the pubes to relieve retention; *this operation was last done two days before his admission to the Hospital*, (26th April) and according to his statement, the canula of the trocar remained in his bladder *but about eight hours after its introduction.* At the time of his admission this opening was not yet closed, and when the bladder was distended the urine sill escaped from it in small quantities. His stricture was just in front of the triangular ligament, and impassable, and his general condition very unpromising. He complained of much pain at the bottom of the belly, with frequent desire to pass water, which he voided by drops. His bladder at this time was not distended. He had a large reducible inguinal Hernia on the left side, which had never passed into the scrotum; it had been produced some years before by straining to pass water.

He had an enema, a warm bath, and opium internally, and next

morning (April 27th) was somewhat more comfortable. About mid-day, however, he was taken with vomiting, and on examination it was found that the Hernia could not be satisfactorily reduced, as on the previous evening. There was also more pain at the bottom of the belly, and less water was voided, although the bladder could not be recognized as distended, either above the pubes, or from the rectum. Pulse 128; jactitation. Consultation was called at 7 o'clock P. M., when the Hernial tumor was found to be larger, more tense, very tender to the touch, and surrounded by a dusky blush accompanied by slight subcutaneous œdema. Distress, and pain at bottom of belly, increased; passage of urine almost entirely arrested. Suspecting extravasation from some point of the urethra or bladder within the triangular ligament, it was decided to secure a free outlet for the urine by repeating the puncture of the bladder through the scarcely closed track above the pubes, and then to explore the inflamed and irreducible Hernial tumor. About ℥viij only of turbid and ammoniacal urine escaped on the introduction of the trocar, and its canula was secured in the bladder, the patient being under the influence of ether, the Hernial sac was then exposed by incision in the usual manner, and the cellular tissues surrounding it was found to be extensively infiltrated with bloody and excessively fetid urine. The infiltration seemed confined to the cellular tissue intervening between the fascia transversalis and the peritoneal sac, which was very dark in color, altered in appearance, and so thickened and distended by urine that it afforded at least four layers before the sac was reached; and, as each layer was divided, a quantity of urine, of the quality described above, gushed out of its distended cells. The finger, passed upwards and inwards towards the median line through this rotten cellular tissue, came in contact with the canula which had been introduced into the bladder, thus demonstrating both the source of the extravasation, (which had taken place through the puncture of the bladder made two days before admission,) and the reason why the hernial tumor had become so suddenly inflamed and irreducible. The hernial sac was empty. The patient continued to sink gradually and died on the following day. On examination of the body local peritonitis was found, which had produced adhesions between the bladder and neighboring intestines of several days, standing. From the vertical incision of the abdominal walls, the handle of the scalpel could be readily passed between the peritoneum and the fascia-transversalis towards and through the wound of the groin, showing the course taken by the urine, through the sub-peritoneal cellular

tissue (called by some Velpeau's fascia) towards the hernia, around which it collected, and gave rise to the symptoms simulating incarceration. The bladder and urethra being carefully removed and examined showed no other point from which extravasation could have taken place. The stricture, situated about an inch in front of the triangular ligament was *linear*, very light, and surrounded by tissue of cicatrix. Behind it the urethra was dilated, and at one point ulcerated, the ulcer leading into the cavity of a small abscess situated over the bulb, and limited externally by the fascia of the penis. The bladder shows hypertrophy of its muscular coat, thickening of its cellular tissue, and chronic inflammation, with several points of ulceration, of its mucous coat. There is also a cavity of the size of a Madeira nut in the prostate gland, containing pus mingled with prostatic fluid. The source of the urinary extravasation is therefore to be found in the premature removal of the canula after the puncture of the bladder, made two days before the patient entered the Hospital, and there was reason to believe that this had been effected by the patient himself.

The absence of the physical signs of distention of the bladder, is explained by the thickened and contracted state of this organ from previous inflammation, and also by the adhesions existing between its peritoneal coat and the adjacent viscera. There was no reason to believe that the urine had escaped into the cavity of the peritoneum; the peritonitis was local, evidently of some days, standing, and had taken its origin in the inflammation outside of its cavity in the bladder and sub-peritoneal cellular tissue.

Case of Stricture of the Urethra,—Abscess in Prostate Gland, etc.

A. C., a seaman, aged forty, ten years ago contracted a gonorrhœa for the first time, which, partly by neglect of treatment and partly by fresh exposures, became chronic, and existed as a gleety discharge, with occasional exacerbations and occasional intermissions, for a period of two years.

At the end of this time he began to experience dysuria, and to notice that his stream of urine was getting small, and placed himsel under treatment. He was told that he had stricture, and treated during most of the succeeding two years for stricture—was finally pronounced cured, and for the next four years had no trouble of this kind at all. During most of this time he introduced a bougie himself, at first regularly as he had been directed, then at long intervals, and finally omitted it altogether.

About eighteen months ago he began to notice that his stream was again getting smaller, and sought advice. He was again treated for stricture, principally by the introduction of bougies, these being used on some two or three occasions very harshly as he thought. He tried two or three different practitioners and finally went into Hospital; here he obtained relief and went out, but in a few weeks after (some three months after the commencement of this last attack) he began to notice that he urinated more frequently than usual. This came on very gradually. His attention was first called to it by being obliged to get up in the night. It rapidly grew worse, so that in the course of a month he had to urinate every hour at least once, often two or three times, the urine coming away in drops in the intervals. And after a time he noticed a "slimy deposit" from it.

He was admitted into the Brooklyn City Hospital February 5, 1856; he had then been in the condition described above about a year. His general health was pretty good, though he thought he had been getting weaker lately. The urine was highly alkaline, and left a copious white viscid deposit. He stated that the day before admission he had applied to a distinguished surgeon in New York, who had passed a bougie into his bladder, and promised him relief.

There was no evidence of distention of the bladder, and his statement led to the conclusion that his urethra was not constricted, and it was not until some days after admission that an attempt was made to enter the bladder. It was subsequently ascertained that he was mistaken in supposing that the instrument entered the bladder, and also in the name of the surgeon. The urethra, when examined some days after, was found constricted at the bulbous portion; the stricture was impassable to the smallest instruments, though No. 8 would apparently enter it. He was placed upon: Ferri. chloridi gtt. x three times, and a wine-glassful of the decoct. uvæ ursi twice a day. During the remainder of February and throughout March, the patient's condition remained very much the same as when he was admitted into the Hospital. His appetite was good, slept well, and walked about the house and grounds wearing a urinal. The urine passed in twenty-four hours averaged about a pint and a half. It remained alkaline, though less so than at first, and on several examinations was neutral. The deposit remained the same in quantity and appearance, and was apparently entirely mucus. Very little progress was made in dilating the stricture, and each attempt to pass it was followed by more or less dysuria, lasting sometimes a day or

two. About the first of March, pareira brava was substituted for uvæ ursi, and he continued it in conjunction with Ferri chloridi during the month.

April 3d. He was placed upon copaiba, f℥ss twice a day, with opii gtt x, and spt. æth. nitrici f℥ss, omitting the former medicines. He began not to feel so well—would occasionally remain in bed all day—and in the course of a week or ten days was obliged to remain in bed altogether. He complained of nothing but weakness, and some pain about the perineum.

April 10th. To have f℥ij of gin in the twenty-four hours, and continue the copaiba mixture. He was now quite feeble, and grew weaker from day to day.

April 15th. Ordered ammon. carb. gr.ij every hour.

April 16th. Died. The quantity of urine passed during the forty-eight hours preceding death was very small, and during most of this time there was muttering delirium.

The specimen consists of the penis, bladder, ureters, and kidneys. The urethra laid open along its floor, is reddened and rough from within an inch of the meatus nearly to the bulb. Exactly at the junction of the bulbous and membranous portions is a stricture which scarcely admitted a small probe. Anteriorly to the stricture the mucous membrane is torn and formed into loops and bridles across the canal. The substance of the prostate gland is softer than normal, in it is a large cavity, which was filled with a fœtid purulent fluid, but the cavity having no communication with the bladder or urethra. The bladder is contracted (which was its condition at the time of the examination, post mortem). The walls very much thickened, being in some places one-quarter of an inch or more thick. The vesical mucous membrane is pale and soft. The cavity of the bladder was filled with a viscid ammoniacal fluid mixed with tenacious mucus. The left kidney is seven and a quarter inches in length, and three and a half inches in width; the right kidney seven and three quarter inches in length by four in width. (These dimensions are a little less than when the specimen was recent.) The left kidney was soft, and presented small purulent collections under its capsule, and also in the substance of the organ, almost all traces of the pyramids and cortical substance are destroyed, the pelvis is not enlarged in proportion to the rest of the organ. The ureter on the left side is irregularly dilated in some places being nearly as large as, and resembling, small intestine. Just before reaching the bladder, and in its course through its coats, the calibre of the ureter is small and

tortuous. The right kidney may be divided into two portions, the upper and smaller portion consisting of apparently healthy but condensed tissue, with irregular pyramidal and cortical structure. The lower and larger part consists of a number of sacs, irregular in shape and size, separated by firm, white, membranous partitions, and all communicating with the original pelvis of the organ, which latter is enormously distended, measuring four inches in length and three and a half in diameter. This pelvis, and the sacs communicating with it, were filled with clear and apparently healthy urine. No communication existed between the upper and lower divisions of this kidney. Each of these divisions has a separate ureter; that from the upper part is of normal size and uniform calibre; that from the lower is small and tortuous, its canal is obliterated from just below the distended pelvis down to within an inch of the bladder. Here it runs parallel with the other ureter, each having a separate opening into the bladder.

Of *cancerous diseases* four specimens were presented. The first, which was presented by *Dr. J. S. Sewall*, showed a number of *tumors*, supposed to be *cancerous*, in the mesentery and liver, while another at the pyloric orifice had ulcerated; and there existed in the liver, which was adherent to it at this point, a large abscess.

Case.—J. M., aged 45, Ireland, 9 years in the United States. Dates his first note of ill health at Christmas, 1855. Symptoms have been, in general, those of a dyspeptic. Anorexia, emaciation, and constipation were the most prominent. Reports no stools save from active cathartics. Has not complained of pain, so far as his wife knows, at any time. For five weeks previous to his death, which occurred the 1st of May, has had constant vomiting of food, and that almost directly after its injection. Has never had vomiting of blood or stercoraceous matter, nor has he passed blood per anum. Has never had jaundice, nor lived in a southern clime.

Was seen but once, about 48 hours before death, when he was found much prostrated, with feeble pulse and cool skin. His flesh was shrunken and withered, and he was emaciated generally. Abdomen flat. Complained of vomiting, and want of sleep, with entire loss of appetite. From this time he gradually sank.

Autopsy about 36 hours after death; rigor mortis well established, great emaciation, abdomen somewhat distended with gas. Air was noticed in the cellular membrane along the spine, opposite the umbilicus. Large patches of ecchymosis were found upon the intestines, along the spine, and scattered through the abdomen. At left

extremity of the stomach, and encroaching deeply upon and into the substance of the right lobe of the liver, was a large indurated mass, binding together at this point this viscus, the pancreas, mesentery, transverse colon and duodenum, and involving them all in a common disease. Scattered through the right lobe of the liver, adjacent to this mass, were very many small, whitish, indurated tumors. For a space of 2 or more square inches, this lobe was firmly adherent to the lateral abdominal walls. Projecting from the xyphoid cartilage internally, was another tumor of the size of a pullet's egg, of the same characteristics as those referred to, and scattered over the diaphragm on the left side, and imbedded in its substance, were very many smaller ones, some of which affected the cup-shape. Through the mesentery, also, these tumors were numerously scattered, and of various sizes. The lungs were healthy. The stomach was healthy, save for a few ecchymosed patches here and there scattered over its surface. Upon laying open the pyloric orifice, it was found to terminate very abruptly in a large, irregularly shaped abscess, capable of containing 4 or 5 ounces, abounding in a very fetid, dark, thickened fluid, and with most rough and ulcerous walls. Its situation was chiefly within the liver. The duodenum was lost in it, but the track of the small intestines could be traced, proceeding from it. Directly opposite the transverse colon it had ulcerated into it by a round opening of about 2 inches in diameter The intestines, removed from communication with the abscess, seemed healthy. The liver was not enlarged, but softer than natural.

The second, presented by *Dr. Finnell*, showed extensive cancerous disease of the stomach; the material extended from the cardiac to the pyloric orifice. Seven months ago, she complained of pain about the stomach, and entered the hospital. A tumor was discovered in the region of the umbilicus; a portion of it was attached to the abdominal wall, and appeared about to perforate it. For several months she vomited a black material and became emaciated and cachectic. At the autopsy there was also found a small fibrous tumor in the uterus, and one from the spinal column.

Dr. Clark remarked, that cancer of the stomach is not always accompanied by vomiting, and he (Dr. C.), has observed that when the pyloric orifice is the seat of the disease, vomiting takes place uniformly, and at regular intervals after eating.

Dr. Batchelder inquired if cancer at the pylorus does not increase the size of the stomach?

Dr. Clark replied that it did not, for the reason that gases collecting behind the seat of the disease were eructated, and do not, as in obstruction of the intestines, dilate the viscus.

The third was a cancer of the œsophagus, presented by *Dr. Ayres*, of Brooklyn, which had perforated the trachea.

Case of Carcinoma of the Œsophagus, perforating the Trachea.

B., æt. 63, had been a very active and temperate man—without hereditary disease that he remembers, and enjoying good health. About 7 or 8 months previous to death, he began to complain of uneasiness and a sense of obstruction when eating, referred to the sternal region. This became so urgent that he would rise suddenly from the table, striking the chest with his hand, and thus attempt to facilitate the passage of food along the œsophagus, expressing the fear that "something was wrong there." Paroxysms of this kind became gradually more frequent and violent, and equally excited by solids or fluids—both being now often regurgitated. After four months had elapsed, he began to have a dry, croupal cough, partial aphonia, pain shooting upwards towards the larynx and downwards towards the chest. At this time (10th of March,) he consulted Dr Cullen, who examined him carefully, and reports no disease of lungs, respiratory murmur normal throughout the chest, and no dulness, nor much emaciation, very little constitutional disturbance, regularity of functions and good sleep at night.

Diagnosis.—Pressure upon the œsophagus from some organic disease, either abscess, cancer, or both. Prognosis unfavorable.

Leeches were ordered to the neck, calomel and opium administered until slight ptyalism supervened, and a blister applied over the sternum. Under this treatment the pains mitigated, cough became moist and less troublesome, but never disappeared, and the dysphagia continued. Was able to be out, and the weather being changeable, he imprudently exposed himself.

April 30th. Difficulty of swallowing and cough greatly aggravated. Considerable fever and thirst, with bounding pulse over 100 per minute.

May 2d. Suddenly in the night began to expectorate yellowish, fœtid pus, without blood, but with large quantities of mucus, which continued until the 5th, when he died.

During this last interval, a loud mucous râle was perceptible over the upper portion of the right lung, and any attempt at swallowing the blandest fluid was followed by a violent paroxysm of cough and

vomiting. Mind clear, extremities became gradually cold, pulse feeble, and death took place by asthenia.

Post mortem appearances.—Surface of body slightly jaundiced, and general emaciation very decided. On the left side of the trachea and overlying the inferior portion of the left thyroid body (which was thereby atrophied), was found a tumor as large as a black walnut, somewhat flattened—firmly connected to surrounding tissues—hard, grating under section, emitting, on scraping, a milky juice, and having all the characteristics of true carcinoma—probably an infiltrated lymphatic. Heart larger than natural, cavities dilated, walls thin, and muscular structure, particularly of right side, exhibits marked fatty degeneration.

Left lung healthy and non-adherent. Upper third of right lung firmly connected to costal pleura by old adhesions, and rising high into the cervical region. The apex of this lung was found likewise firmly adherent to the right side of the œsophagus and trachea, and the neighboring cellular tissue firmly condensed, formed a hard mass. This mass bears evident marks of inflammatory action; of subsequent degeneration and softening, forming an abscess with thick, firm walls, which finally ulcerated its way into the œsophagus and trachea. The disease was found to be located upon the anterior and right side of the former organ, immediately behind the point where the trachea bifurcates into right and left bronchi. The bronchial glands found in this locality were infiltrated with cancerous matter in a state of degeneration. The hard, unyielding wall of the spinal column behind, the ribs and sternum in front, and scarcely less yielding adhesions above and below, will readily account for the increasing pressure upon the œsophagus by inflammatory swelling, and the temporary relief of treatment.

A similar explanation of the partial aphonia and laryngeal disturbance, will be found in the pressure upon the recurrent laryngeal branch of the eighth pair of nerves.

The fourth was a case of cancer of the testicle, presented by *Dr. Willard Parker*, which he had removed from a gentleman aged 50 years.

Dr. Cock presented a specimen of rheumatic pericarditis; a written history was given but withdrawn.

Dr. Finnell presented the stomach of an habitual drunkard, who had gone to bed intoxicated and was found dead in his bed in the morning. The stomach presented the appearances usual in such cases.

Dr. J. C. Hutchinson presented a specimen of the kidney of a

man who had died of phthisis. The kidney contained a phosphatic calculus about as large as a pea, and was the seat of an abscess which contained thirty-two drachms of pus.

Dr. H. likewise exhibited, for *Dr. Boyd* of Brooklyn, a fœtus and placenta expelled at full term, whose development had apparently been arrested at the sixth month. The mother had quickened at the fourth month, and shortly after had an attack of jaundice. The doctor inquired if the jaundice was the probable cause of death.

Dr. Clark said he thought the placenta had undergone fatty degeneration, but he did not see how the jaundice of the mother could have been the cause of the death of the fœtus.

Dr. Willard Parker showed a leg which he had that day removed from a man aged 35 years. He was of good constitution, and 15 years ago had sprained his left ankle. Five years after the accident, he consulted Dr. Parker, who directed the usual remedies for inflammation, and enjoined repose. In January last, he had inflammation in the joint, and three months ago the doctor was called in to amputate. He advised delay, and found no ulcer, but some pus over the internal malleolus, which he discharged. Within 10 days past he has had a return of the violent symptoms, since which time his suffering has been intense, nearly equalling that of tetanus. On examination of the limb after amputation, the lower end of the tibia was found to contain an abscess, such as are particularly described by Brodie. No pain had been produced by pressure of the foot against the leg. Dr. Parker had seen a similar abscess in the femur of a woman, some years ago.

Dr. Hutchinson presented a portion of a liver which had undergone fatty degeneration, with the following history :—

Thomas G., aged 40, born in Ireland, and a cabinet maker by occupation, was admitted into the Brooklyn City Hospital for treatment, March 5th, 1856, about 4 P. M.

He has been very intemperate for the last 20 years, and for two years past has taken from a pint to a quart of bad liquor daily. Had a severe attack of delirium tremens about 18 months ago, and some slight attacks occasionally since. In relation to his present attack, we could only learn that he had been confined to his house about three weeks, and had been delirious for the last three days. There was no one with him from whom any reliable history of his illness could be obtained.

When brought to the hospital he was delirious, and greatly prostrated ; so much so, that his pulse was scarcely perceptible. His

skin and conjunctivæ were intensely jaundiced, the abdomen distended with fluid, and the whole surface of the body œdematous, especially the lower extremities. There was tenderness, on pressure, over the entire surface of the abdomen, but it was more distinctly marked over the right hypochondrium. The superficial veins of the abdomen were considerably distended. Two ounces of brandy were at once given, and milk punch allowed freely during the night.

6th. Delirium continues, but has not the character of *mania a potu*. Slept none during the night, pulse 100 and rather stronger, bowels moved slightly this morning, discharge clay-colored, passed also three ounces of dark, thick urine. He was ordered acid nitro muriat. gtts v *ter in die*, a lotion of the diluted acid over the hepatic region, 10 grs. Dover's powders every 4 hours. Brandy *pro re nata*.

7th. After taking Dover's powder at 9 o'clock, he fell asleep, and did not wake for about 16 hours. Delirium continues, pulse 95, feeble; a very small quantity of urine is discharged, containing a large quantity of bile, also purpurine and urate of ammonia. Directed pulv. scillæ grs. ij, digitalis grs. ij every 8 hours, Dover's powder at night, and milk punch freely.

8th. Slept pretty well last night. No delirium; passed about one ounce of urine in last 24 hours; catheter introduced and eight ounces of dark, turbid urine obtained. Continue treatment.

10th. Has been delirious since yesterday afternoon; insomnia; pulse 96, more feeble; twenty ounces of urine by catheter in last 48 hours. Milk punch increased.

11th. Insomnia and delirium continue. Jaundice increasing, paralysis of motion in lower extremities, prostration increasing, six ounces of urine by catheter in last 24 hours, of the same character as before, stimulants freely. He continued to sink gradually, and died early in the morning of the 12th.

Autopsy, 30 hours post mortem. Liver one-third larger than normal, of greenish brown hue generally; the central portions of the lobules were much darker than the circumference, giving the organ the appearance called "nutmeg liver." The cells were filled with fat; some contained bile, and detached and isolated particles of yellow coloring matter here and there. Pancreas much harder than natural.

Kidneys examined microscopically by Dr. Isaacs, with the following results:—"The tubes of the kidney appear enlarged in some places, contracted in others, and filled with broken down or disintegrated epithelium. Some of them have their epithelial cells filled with yellow coloring matter, which, from its appearance and chemi-

cal reaction, I take to be bile. A few of the malpighian bodies were tinged with this yellow color; some of these malpighian bodies were enlarged, some contracted. The fibrous matrix was thickened, the meshes being larger than usual—the intervening fibrous tissue thicker than in the natural state."

CHRONICLE OF MEDICAL PROGRESS.

Female Physicians.—Messrs. Editors: I have often wished, when reading the gross perversions of the truth which have been industriously brought before the public by interested persons, that the actual facts in regard to this subject might be so presented as to disabuse those who have been induced to credit the assertions so frequently and boldly made.

The proposition that women, as a sex, cannot practice medicine—that their weak physical organization renders them unfit for such duties and exposures—that their *physiological condition, during a portion of every month*, disqualifies them for such grave responsibilities—is too nearly self-evident to require argument. I therefore limit myself to a statement of the facts as regards midwifery alone, for the practice of which it has been especially claimed that they are competent.

It is asserted, in the first place, by the advocates of this claim, that were the habits of society less artificial, the process of child-bearing would be as easy and safe as in wild animals, calling for no intervention of science and skill. In the second place, they affirm, that in Europe the practice of midwifery is almost exclusively in the hands of females. Lastly, and as their weightiest argument, they declare that physicians are licentious, and that morality and delicacy require that they should be superseded.

But as respects savage nations, as well as in regard to domestic animals, we have abundant proof that no such immunity from pain and danger exists. On this point I beg leave to quote a small portion of the testimony lately collected by a distinguished English author (Roberton), who says: "A variety of recent valuable evidence (furnished chiefly in casual hints and allusions, the most unexceptionable kind of evidence) leads to a very different conclusion. So far is parturition from being *easy, expeditious and safe* in every instance among barbarians, we have reason for thinking that *difficult* labors are as numerous with them as with us. In exemption from the usual causes of impeded labor, requiring the aid of science for the safe de-

livery of a patient, there is either no difference at all, or, if there be, it will be found in the greater exemption, from such causes, of women in a state of civilization. Although much minute and specific information on this point is not to be expected, I have collected a number of remarks more or less bearing upon it. Long mentions, incidentally, the fact of a young woman of the Rat Nation being in labor a day and a night without uttering a groan, the force of example acting so powerfully on her pride as not to allow her to express the pain she felt. A similar fact is stated in the voyage of Clarke and Lewis up the Missouri. Hearne, in his Journal of an Expedition to the Northern Ocean, casually says: "Here we were detained two days, owing to one of our women being taken in labor. She was not delivered till she had suffered for nearly fifty-two hours." MacKenzie incidentally notices that on a particular time the Indian hunter attached to the party returned, after a temporary absence, accompanied by his wife, leaving behind his mother-in-law, in a helpless state, with three children, *and in labor with a fourth.* It came out that she had been left "in a state of great danger." Capt. Keating states respecting the Potawatomies, a tribe with which he had associated for some time, and concerning whose manners his party gained much curious information, that labor was seldom fatal, but that many instances had occurred in which the child was so long *in being born*, that it was putrid when expelled. The same writer informs us that in answer to inquiries concerning the usual duration of labor in a tribe of Indians called Sauks, he was told that the pains of labor continued, in some instances, as long as four days. Among the Dacotahs, the same party learned that parturition, in some cases, lasted from two to four days. We have another incidental notice of labor in an Indian in Franklin's Overland Journal. A Chippawaian woman fell in labor, in the woods, of her first child; and, on the third day after, died. In Krantz's account of the manners of the Greenlanders there occurs an allusion to parturition. Among others, those, it appears, are to find entrance to heaven who have died in child-birth. Messrs. Ellis and Bourne, who resided a great many years as missionaries in the South Sea Islands, have furnished me with valuable information concerning parturition as it occurs in those islands. Mr. Ellis says: "Protracted and dangerous labors have generally been occasioned by mal-presentations." Mr. Bourne says: "The missionaries have saved many in difficult labors, who would otherwise have died." Long, the able historian of Jamaica, writes, in allusion to parturition among the slaves, that many children are annually destroyed, as well as their mothers, in the hands of the

negro midwives. A writer in the Encyclopædia Britannica has shown that for a long period midwifery has been practised in China by a set of men destined to the purpose by order of government. These men are called in whenever a woman has been above a certain number of hours in labor, and employ a mechanical contrivance for completing the delivery. The Chinese government, it is said, was led to make this provision in consequence of a representation that annually many women died undelivered, and that in a majority of cases the cause of obstruction might have been removed by simple mechanical expedients.

It is needless to add further evidence. We have seen that rude nations acknowledge the necessity for more or less assistance in the act of accouchement. This is further proved by the rude expedients resorted to by such nations to accomplish delivery. The circular fillet around the abdomen, tightened with great force by a dozen assistants, with the view of *forcing out the child;* the suspension of the woman by the heels, with the hope of altering the position of the infant, as practised among the Indians and negroes, are examples of these.

As civilization advances, we find a far higher regard for all which concerns the welfare and safety of woman. It was this exalted regard which at last demanded the transfer of the responsibilities of the lying-in chamber from the midwife to the educated accoucheur. The *results* of this change were a diminution of the mortality incident to child-birth, in the course of half a century, *to half its former amount.* The *reasons* for it have been already partially alluded to; but one other of them is worth mentioning, as it furnishes a complete contradiction to the theories of the would-be reformers, who assert that women under such circumstances need more sympathy and gentleness than they receive from physicians of the other sex. This reason was, the *notorious harshness of the midwives.* With all the desire to display their importance and their skill which belongs to half-cultivated minds, they sacrificed the comfort and even the safety of their patient to the endeavor to make a brilliant impression of their own ability. This is well known as regards those of Scotland and England at the present day. In regard to those of France, the writer was informed at Paris, that one reason why the midwives were not employed (except as a measure of economy by the poorer classes,) was their extreme roughness, not to say cruelty, towards their patients. The able author I have already cited says, of those of England: "It is scarcely credible to what an extent they carry their interference in every stage of labor. It is no part of their system to trust to the unaided powers

of nature." Those who have had much opportunity to observe the harshness and neglect which many patients endure from their nurses, will be quite prepared to receive these statements as unexaggerated.

But we are told, in the second place, that in Europe, and especially in France and Germany, the practice of midwifery is almost the exclusive province of females. I submit the following facts, obtained by personal observation. The government does all in its power to render the "sage femmes" or midwives, as far as they can be, competent, by providing for them a system of instruction under the direction of the faculty of medicine, and by requiring them to pass two distinct examinations before they are permitted to practise. But, even after such qualification (far superior to anything dreamed of in this country,) they have been found so unskilful that they are forbidden, by law, to continue in charge of a difficult case, or to apply instruments, without calling in a physician. Even the eminent midwives who have the superintendence of the Maternité and the other large lying-in Hospitals at Paris, with their experience of thousands of cases, do not have the responsibility of the mangement of difficult labors. The physician who has charge of the hospital, or if he cannot be found, his substitute, is sent for. If neither of them can be found, notice is left at their houses; but, if delay be inadmissible, the house physician, not the chief midwife, takes charge of the case. Educated as we have seen, the midwives enter upon the discharge of the duties of practice, but not to be welcomed and patronized by the delicate and refined portion of their sex. In Paris, some find employment among the lower classes; others sustain themselves by keeping houses for accouchement, of which the signs may be noticed in all the less respectable quarters of the city. These houses afford a cheap resource for the wives of such small tradesmen as find their apartments at home too limited for their comfort during confinement, as well as for a large class who desire secresy. Here a young girl, not a wife, becomes a mother; and the widow hides the consequences of her "indiscretion." Hence, perhaps, the child is sent to the basket of the Foundling Hospital, very probably to fall a victim to its want of maternal care; and the mother, having paid her forty francs for the accouchement and the nine days allotted her, returns to her position in society. In the rural districts, as in Great Britain, some midwives obtain a partial support in the small hamlets which are too far from larger places to allow of the services of a physician being readily procured for such occasions.

Many of equivocal reputation occupy the ranks of the midwives,

who, having pursued an improvident career as grisettes, find themselves, at middle age, with no resource so convenient as the vocation of the sage femme. That such persons should be unscrupulous in practising the illegitimate arts of their calling, as well as its honorable duties, need surprise no one. In Great Britain the education of the midwives is less methodical; but they are similarly sustained, by the lower classes only, not as a matter of choice, but of economy. The competence of some may be judged of from a case lately brought before the London courts, where a midwife (who had been a pupil at a London lying-in hospital,) after the patient had been delivered, dragged the womb itself out of the body, and then, supposing that this organ was something which ought to be removed, *tore it away from the woman*, causing her speedy death.

If, then, midwives have still a recognized existence in European countries, they do not owe it to any superior delicacy or higher morality; but, as I have shown, to circumstances inseparable from a poor or sparsely scattered population. These circumstances do not exist in even the most thinly-settled portions of New England, and the more valuable services of the physician have been within the reach of all, no matter how poor or how distant.

But the public have been told, *not by ladies*, but by men whose grossly indelicate works do not go to prove *them* the fittest judges, that the confidence of the sex is abused by physicians, and that to employ them is an offence against the higher sentiment of woman's nature. Every pure-minded lady denies the libel, as regards her trusted medical adviser and the profession at large, as well as herself. Incapable of the indelicacy of thinking and acting as if, in any matters concerning the health of herself and her children, there could be any question of sex, she describes to her physician, without hesitation or reserve, the physiological phenomena in regard to which she solicits his advice; knowing that he receives her confidence in the same spirit. There may be exceptions in morality among physicians; but where can an equal number be found, in any class of society, whose conduct is *as irreproachable*. No objection is made to the admission of clergymen to intimate and confidential relations with the other sex, although these relations take place under circumstances infinitely more likely to lead into temptation, and though the community has witnessed more instances of exposure of misconduct on the part of the clerical than of the medical profession.

I trust I have fully proved, that so far from being a benefit to society, so far from enhancing the purity and delicacy of female charac-

ter, it would be a misfortune to both that any retrograde step should be taken, as regards the qualifications and character of the medical attendant. The duties of the accoucheur are not limited to the service rendered on a single occasion. He must see that mother and child are doing well, and take every precaution to avert any germ of future disease. Is he, with his intimate knowledge of the whole constitution, his skill acquired by years of thought and culture, any too competent for these important responsibilities?

Some wise and worthy men have been anxious that the experiment should be tried; some clergymen have been persuaded to give an opinion on a question of which they are most unqualified judges; but the public have given but a chilling support to the languishing experiments which they have been forced to witness in the sham education of females. Nor will the occurrence, within a few weeks of each other, and within a short distance of Boston, of two cases, where the gross ignorance of two of the professedly educated females, cost the life of one patient, and made another the subject of an infirmity which renders life a burden, be likely to exalt the plan in public favor. But like its cöeval Bloomerism, the scheme has already received its deserts. It contains within itself the elements of failure; for as one of its advocates remarked, "the girls don't like to dissect." They did not seem to like, either, to devote more than three months to a course of medical education.

I have offered these too long remarks, Messrs. Editors, although you have so ably disposed of part of the question in your number of the 1st November last, in the hope that the statement of facts may enable some in the profession to refute the assertions which have been so freely made, and to give a satisfactory answer to the appeal which is now and then made to them for the truth in regard to the merits of this question.—*Boston Medical and Surgical Journal.*

Poisoning by Aconite Root.—Dr. F. Headland lately (March 15) read a paper on this subject before the Medical Society of London. After glancing at the history of the plant, and its use as a poison in ancient times, he referred to a number of statements made by authors in the Middle Ages, which showed that the poisonous properties of the plant was well understood by them. Poisonings by aconite, in modern times, were usually accidental. A number of cases in which the leaves and shoots had been eaten with fatal effects, were first

briefly remarked upon, and then the cases of poisoning by aconite root, which had been recorded in this country during the last few years, were divided under two heads—(1.) Cases of an over-dose of some preparations given as medicine. This was generally the tincture. (2.) Cases in which the root had been eaten by mistake as an article of diet.

1. Four cases of poisoning by the tincture have been recorded during the last five years. Others are said to have happened. Of these four persons, two died from taking one fluid drachm of Fleming's tincture; one died from the effects of twenty-five minims of the tincture of the London Pharmacopœia; a fourth barely escaped from a dose of fifteen minims of the same. Two of these cases were attributable to carelessness in dispensers; one, to ignorance of the power of the preparation. The author made these recommendations with the hope of obviating such accidents for the future: Firstly, to carry out the plan of the Dublin College, requiring druggists to keep all dangerous preparations in square or angular bottles, and the others in round bottles. Secondly, that the tincture of aconite, if used, should be made of one uniform strength (as far as possible). At least three different tinctures are in use in this country. Or, thirdly, that it would be still better to discard this tincture altogether, as an uncertain preparation, substituting for it a solution of aconitina of one fixed strength, containing $\frac{1}{60}$th of a grain to each drop.

2. In nearly all the cases in which aconite root had been eaten as food, the singular error has been made of mistaking it for the root of the common horseradish, and so scraping and eating it with roast beef. The author read accounts of four cases of this fatal error, which have occurred of late years, the last of them being the recent tragedy at Dingwall, in Scotland, when three gentlemen lost their lives. To show that such mistakes could not be committed by careful persons, specimens and drawings of horseradish and aconite root were exhibited and compared. The acid but not pungent taste of the aconite parings, and the pinkish color which they assume when exposed to the air, were among the points noticed. The author, having noticed a singular case of poisoned coffee, proceeded to state that there were two ways in which a case of aconite poisoning could be recognized: (1.) By the symptoms, which are very characteristic. (2.) By obtaining some of the poisonous principle, by a chemical process, from the contents of the stomach and matters vomited, and then trying its action upon small animals, or on the tongue, etc. There are no distinctive chemical tests for it, but $\frac{1}{300}$th of a grain of the alkaloid

(aconitina) would kill a mouse, and $\frac{1}{1000}$th placed on the tip of the tongue would cause tingling and numbness. With regard to the treatment of such cases of poisoning, Dr. Headland recommended the immediate and free adminstration of animal charcoal, mixed with water. This is to be followed by a zinc emetic, then by brandy and ammonia The charcoal has the power of retaining and separating the poisonous alkaloid, and if we have rendered help in time, the patient may perhaps be saved.—*Med. Times and Gaz.*, April 5, 1856.

On the Influence of Sea Life and Warm Countries on the Progress of of Pulmonary Phthisis. By JULES ROCHARD, Second Surgeon-in-Chief of the Navy at the port of Brest.

(Continued. See page 340, *Vol. V.)*

In that which pertains to climate, it is necessary to distinguish between those regions which are near the equator and those which are more distant. And yet more must be done; we must come down to the examination of particular localities. This is the only way of giving to such investigations a practical utility, for with a particular case before him, what the physician wants is the exact indication of the places which he ought to forbid to his patient, and of those in which he could permit or advise his patient to live. In that which concerns the disease, it is necessary, as all authors have remarked, to take into grave consideration the stage to which it has arrived.

I will commence, then, by dividing warm climates into two zones. The first lying between the tropics, the second, necessarily double, bounded in the northern hemisphere by the isothermal line, numbered 15 on the chart arranged by M. Boudin *(carte physique du globe terrestre, Paris*, 1854), and which corresponds to about the forty-fifth degree of latitude for the old continent, and to the forty-first degree of latitude for the new; bounded in the southern hemi phere by the line numbered 15 in the same chart, which corresponds to about the thirty-eighth degree of latitude. These boundaries do not correspond with the division of climates adopted in treatises on hygiene, but I have found them too important in respect to phthisis to give them up. I hope to prove, in fact, that in the torrid zone pulmonary tubercularization progresses with more rapidity than in Europe, and that emigration is fatal to tuberculous persons who go there to live.

This opinion is that of the immense majority of physicians-in-chief of our colonies. It is that of M. Cornuel, first physician in-chief at Guadaloupe (now retired); of M. Dutroulan, first physician-in-chief at Martinique; of M. Laure, second physician-in-chief at Cayenne, who shares in this respect the opinion of Segond, one of his predecessors. It has been asserted of Senegal by MM. Raoul and Foussagrives, medical practitioners; of the isle of Bourbon, by M. Lepetit, second physician-in-chief; of India, by M. Collas, chief surgeon. It is shared by the many surgeons who have been able to give proofs of the frightful ravages which phthisis makes in our possessions in Oceanica. I have found it expressed, in connection with the death of each phthisical person, in most of the reports which I have consulted. For years the physicians of our colonies have protested against sending there persons who have become phthisical in France. On the other hand, they send here the soldiers and sailors attacked in those latitudes. Finally, in a recent case the inspector-general has just given the sanction of his great experience to this procedure.

Hitherto the attempt has been made to solve the problem which occupies us, by establishing for each locality the frequency of the occurrence of phthisis in its population. This is not, in my opinion, a very rational method. The race, the kind of life, a multitude of causes independent of climate may, in fact, cause the proportion of phthisical persons to vary, without our being able to draw any conclusion as to Europeans, so that they may know how to surround themselves with all the precautions which their situation requires. The problem is to find out what is the effect on phthisical persons transported from one climate to another. To solve it, it would be necessary to send to each locality, patients whose condition was previously ascertained, and to follow them in their new residence. But, that the experiment might be conclusive, it would be necessary to make it on a grand scale, and this is impracticable. We can, it seems to me, arrive at the same end in another way. It is sufficient to take, in the same country, a certain number of men of the same age, subject to the same discipline, of the same occupations, leading a life, in short, identical; to send one-half to warm climates, to keep the other in France, and to see, at the end of a certain number of years, in which division phthisis has had the most victims among those who carried its germ. Now, this experiment was made long ago; it is continued every day, and on sufficiently large bases to give all desirable certainty. Our colonies are served by particular regi-

ments, which compose the infantry corps of the navy, and whose number is about to be increased from three, which it has hitherto been, to four. This body is recruited from the same sources as the infantry of the line; it is subject to the same laws; the soldier in it is placed in identically the same conditions of food, lodging, pay, and service. The only difference there is between them, is that of climate. We can then appreciate its influence in all its purity, by taking the army for comparison. Now, as we shall see, phthisis makes much greater ravages in the naval infantry. It has, it is true, a smaller proportion in the number of deaths in the colonies; but though the mortalit is there much greater, and notwithstanding the ravages made by endemic affections, which snatch from phthisis some of its victims, and tend to lessen its proportion,—of a given number of soldiers of the naval infantry and of the land army, more die of phthisis in the first corps than in the second.

An excellent thesis by M. Godineau, surgeon of the second class in the navy (Theses de Montpellier an. 1844, No. 3), contains a table showing for Martinique, Guadaloupe, and their dependencies, the actual number and the mortality of the troops, and the proportion of the mortality to the whole number, during the period of the twenty-four years from 1819 to 1842. This table shows that the annual mortality is 11 in 100 for Martinique, and 10.5 in 100 for Guadaloupe.

If, now, we wish to know what becomes of a given number of soldiers of the same regiments during the four years which they pass in the Antilles, before returning to France, the same table will show us. The result of the numbers furnished by M. Sonty, and the calculations made by M. Godineau, prove that of the first four thousand men who served in the second regiment of the navy, 1652 died, or 40 in 100.

What is the proportion for phthisis in this mortality? It is 1 in 30.42; and as the annual mortality is 11 in 100, that from phthisis is 0.36 in 100, or 1 out of every 277 men. If we compare these results, obtained in 26 years from 100,000 soldiers, with those given by Benoiston de Châteauneuf for the army, we have the following proportions :—

	Army.	Naval Infantry.
Annual mortality, - -	2.25 to 100	11 to 100
Proportion of deaths from phthisis, to the whole number of deaths,	1:13.6 in 100	1:30.42 in 100
Do to the whole number of troops,	1 in 578	1 in 277
Do. in 100 men, - - - -	0.16 in 100	0.36 in 100
Do. in 100,000 men, - -	16 a year.	36 a year.

The mortality in the naval infantry caused by phthisis is then a little more than double that of the army.

These investigations stop in 1842. I have endeavored to procure more recent documents, and those which I have obtained enable me to construct a table for our colonies in the Antilles and at Cayenne, the result of which is, that during the year 1853 (taking as the representative of the variable number of the garrison in our colonies, the mean of the 24 years in which the researches of M. Godineau were made), the proportion of deaths from phthisis was the following:—

1853, Guadaloupe,	1927 soldiers,	11	died of phthisis,	1 in	175.
" Martinique,	2027 "	17	"	1 "	119.
" Cayenne,	828 "	about 5	"	1 "	163.

Admitting that the number of the garrison has been a little greater than we have supposed, the mortality from phthisis is no less sensibly greater than from 1819 to 1842, and especially greater than in the army.

All the phthisical soldiers, I have said, do not die in the hospitals of our colonies; it has long been the custom to send them back to France. Well, out of 2633 sick men returned to France at different periods from our colonies, 221 were laboring under phthisis pulmonalis. The proportion of phthisical patients to the whole number of men sent back on invalid discharges, is, then, 1 to 11.91—a proportion much greater than that which we have found it to be to the deaths, and which fully confirms what has been advanced, namely, that for many years it has been the custom in our colonies to send those who are phthisical back to France; which also tends to lessen the proportion of their deaths in the hospitals from which they come.

Hitherto our inquiries have been confined to the garrisons at the Antilles and Cayenne, and I have placed them in the front rank because they are the largest; but if we cross the Pacific ocean and go to Tahiti, we there find a proportion still very considerable. Those boasted islands are, perhaps, the portion of the globe in which it most abounds. In the course of a long station at the Society Islands, Doctor Erhel, surgeon major of the *Loire*, made from the registers of the hospital at Papeete, an abstract of the admissions and of the deaths in the garrison during the period of four years from the first of January, 1845, to the first of January, 1849. This abstract gave him 2207 patients, 30 of whom were phthisical—and 123 deaths, of which 27 were from phthisis. There were, then, during this time, in the garrison, one phthisical to every 73.33

patients, and one death from it in every 4.55—an enormous proportion, which we have not before reached.

These results confirm those which were obtained for the English colonies by A. McTulloch, and published by M. Genest, Gaz. Med. de Paris, 1843, p. 578.—*Gaz. Hebdom., May* 23.

(*To be Continued.*)

Carbonic Acid as a means of artificially producing Premature Labor. By M. SCANZONI, Professor to the Faculty of Würzburg.

Two years since M. Scanzoni proposed to provoke premature labor artificially by exciting the breasts by means of cupping glasses, and by reflex action to produce contractions of the muscular fibres of the uterus. This process, made use of on several occasions, often promptly induced labor, at other times it succeeded better as an adjuvant, while in many cases its effect was incomplete, or failed almost entirely. The application of the glasses frequently produced excoriation of the mamellæ, inflammation, abscesses, and more or less severe pain. Generally, the result of the mammary excitation was particularly evident, when the irritation of the nerves of the mamellæ was accompanied with local excitation of the womb, and when besides the cups the uterine douche, the colpeurynta of Brown, the tampon, &c., were used. Desirous of finding a certain means of provoking uterine contractions without inconvenience to the mother, and without danger to the infant, and persuaded that artificial premature labor is one of the most useful and valuable resources of obstetrics, the professor of Würzburg continued his researches, and in the interesting practice which the maternity of Würzburg furnished, occasion soon offered upon which to experiment. Taking the observation of M. Brown-Séquard as a starting point, which shows that carbonic acid provokes the contractions of the muscles of organic life; that the genital organs for a long time exposed to the action of this acid become the seat of very severe congestion; and that it is even a sure means of curing amenorrhœa, M. Scanzoni resolved to employ this acid to arouse the contractile power of the uterus, and to excite it so as to bring about labor.

The apparatus employed was as follows:—A flask holding about a quart, hermetically sealed, with a stopper having two openings, by one of which a tube penetrated to the bottom of the flask, to the other orifice was fitted a horn pipe which connected with a caout-

choue tube about a foot long, ending in a canula of an ordinary injecting syringe. Bicarbonate of soda, and then some acetic acid is introduced by the first tube, a conical glass speculum is placed in the vagina. The caoutchouc tube inserted in a cork is introduced into the speculum, which it exactly fits. The carbonic acid is increased or diminished at will by the addition or not of acetic acid.

The following is the report of the case in which it was first employed :—

D. S——, 26 years old, primapara, menstruated for the last time May 26, 1855 ; entered the Maternité of Würzburg Jan. 29, 1856. Pelvis low and narrow. The antero-posterior diameter, ordinarily from 4 to 4½ inches, is only 3¼ to 3½ inches. The vaginal portion of the neck is from five to six lines in length, and the external orifice firmly closed. The head of the fœtus was felt above the anterior portion of the vaginal arch, the beatings of the heart were heard to the left, and the extremities of the fœtus were felt in the right and high up, near to the bottom of the womb. The mother thought she was in the thirty-second or thirty-fourth week of gestation, and the examination of the genital organs confirmed this opinion. The narrowness of the pelvis preventing natural labor from taking place, and furnishing the indication for the induction of premature labor, M. Scanzoni resolved to try carbonic acid.

Feb. 2. At eight o'clock in the evening, the apparatus was applied for twenty minutes for the first time, without provoking any notable modifications

Feb. 3. At eight A. M., application for twenty minutes, and at eight P. M. for half an hour. The mother felt while the gas penetrated into the vagina a disagreeable sensation of painful prickings, and during the day darting pains about the umbilicus. Evening—the vaginal portion of the neck was slightly softened. After a good and tranquil night the pains about the umbilicus recurred.

Feb. 4. The apparatus was used half an hour morning and night. The same pricking sensations during the application. The neck became dilated during the day so as to permit the finger to feel the inferior segment of the membranes. During the night, severe and darting pains in the groins and back ; towards evening the hand placed upon the abdomen followed the evident contractions of the uterus, which, to tell the truth, soon after ceased.

Feb. 5. In the morning another application for half an hour, followed by the ordinary pricking sensations. The orifice was of the size of a two franc piece, yielded easily, and was readily dilated by

the finger. The vaginal secretion is very much increased. In the afternoon the painful contractions of the uterus appeared, which increased in intensity by degrees. At half past six in the evening the membranes broke, and an hour after a living child was expelled, which weighed 1350 grammes. During delivery a slight hœmorrhage appeared, which necessitated the removal of the placenta quarter of an hour after the birth of the child. The sequelæ of labor were not at all troublesome.

Reflections.—With the exception of the vaginal prickings, which seemed to continue only during the application of the current of gas, the employment of carbonic acid is followed by no serious inconveniences, and acts with sufficient energy, since its application during $3\frac{3}{4}$ hours was sufficient to provoke the expulsion of the fœtus. Unfortunately there is but one case, and it may be that this process may have some unpleasant results in nervous women, and cause uterine spasms rather than normal contractions. The vagina may become irritated, and it is not clearly proved that the increased vaginal secretion was not caused by a commencement of vaginitis. To decide upon the value of this method, the author himself calls for further experiments, and it is desirable that the demand of the distinguished physician of Würzburg should meet with some replies.—*Weiner Medicinische Wochenschrift.*

Hæmatology. By JULES BECLARD.

M. Parchappe reported to the Academy of Medicine, at the sessions of the 29th of April, and the 20th of May, the results of a series of investigations, in which he particularly proposed to show the imperfections of the method usually pursued in analyzing blood. M. Parchappe calls for the introduction of a more exact method in the new investigations, which shall hereafter be made on the relative proportions of the principles composing the blood. He insists, especially, on the necessity of taking, as a basis of the quantitative analysis, the determination of the *real* quantity of the two constituent parts of the blood, the globules and the plasma; and to proportion the materials of the blood not to the whole mass of this fluid, but to that of the two constituent parts of the blood to which these materials actually pertain. According to him, the methods and the procedures now in use make no account of this essential basis, and it is to this imperfection that we must refer the want of exactness, and the errors

which vitiate the analyses and sensibly diminish their comparative value. After the critical portion of his work, M. Parchappe gives the result of the analyses of the blood of man and of woman—analyses in which he has endeavored to suppress, as much as possible, these causes of error; and he closes by some interesting observations on the phenomena of the coagulation of blood.

We are entirely of the opinion of M. Parchappe, as to the objections which he makes to the modes of analyzing blood. These objections have been a long time known to all those who have made analyses of blood; and the author of the methods, to which he makes especial allusion, has never concealed them. In the analytical process of M. Dumas, in fact, the water lost by the clot in drying on the stove, is supposed to belong to the serum which infiltrates the clot; and they reckon from this loss of water the proportion of the solid parts of the serum which it contains (by drying a certain quantity of serum separately). Now, as it is certain that a portion of the water belongs to the globules, it follows that in the results the figure for the organic materials of the blood and the figure for the globules are not rigorously exact

For a long time, chemists have endeavored to do away with this cause of error, the importance of which it was not necessary to exaggerate; for it is circumscribed, as we shall see, within narrower limits than M. Parchappe seems to think.

The method of M. Dumas, which has served as the basis to the investigations of MM. Andral and Gavarrét to those of MM. Becquerel and Rodier, and those of many other physiologists and chemists, was first modified by M. Scherer. In this method, as indeed in that of M. Dumas, the analysis of blood consists of two operations; one, the analysis of the serum, the other, the analysis of the blood in the totality of its elements.

By the method of M. Scherer, the albumen is directly estimated (by precipitation by means of heat and acetic acid), and separated consequently from the other organic materials in solution in the serum, which they can then estimate directly, also, by evaporation. The fibrine is obtained by washing a part of the blood which has been allowed to coagulate (which is far from being an improvement on the old method, in which it was obtained by whipping). As to the globules, these are estimated from the blood deprived of its fibrine. This defibrinized blood is put into boiling distilled water, to which is added a small portion of acetic acid. By this mode the globules and the albumen are coagulated (and consequently separated from the other

organic substances, and the salts); and the filtered coagulum gives, after drying, the globules and the albumen. The quantity of albumen is known by the analysis of the serum, and the difference is the globules.

In the methods of which we have spoken, the proportion of the globules is obtained *par difference*, while all the other materials of the blood can be estimated directly. If the globules could be isolated and weighed separately, it is evident that the analysis of blood would be more rigorous. It is here, in fact, that the chief difficulty lies; and in spite of the efforts of chemists who have preceded M. Parchappe, and in spite of the efforts of M. Parchappe himself, this difficulty has not yet been removed.

If the defibrinized blood, poured on a filter, would allow the serum to pass without the globules, the thing would be simple enough; but the globules of human blood and of mammiferæ pass through the filter together with the seurm. It is true, that by adding to defibrinized blood a solution of sulphate of soda, we can retain on the filter a great part of the globules, as Berzelius observed; but this separation is not sufficiently complete to make an analysis exact. Moreover, this mode of separation proposed, for analyzing the blood, by M. Figuier, and perfected by M. Höfle, is as yet far from having given results superior to other methods.

M. Schmidt, having the same idea as M. Parchappe, has endeavored for some years to establish, in another way, the proportion which exists in blood between the moist globules (that is to say, as they actually exist in the blood) and the plasma. By means of micrometric observation, M. Schmidt has compared the size of moist globules to that of dry globules, and he has concluded that the proportion between these two quantities is as 4 to 1; that consequently it is sufficient to multiply by 4 the weight of the dry globules, obtained by the ordinary proceedings, to ascertain the weight of the moist globules. Now, in making this operation, and admitting as a mean of the analyses of blood, that the weight of the dry globules is 130 in 1000 parts of blood, we arrive at this result, that the proportion of moist globules to the plasma is as 520 to 480 in a thousand parts of blood; that is to say, these two quantities are nearly equal to each other.

It is somewhat curious to observe that the numbers proposed by M. Parchappe are identically the same as those of M. Schmidt (520 to 480). And it is yet more curious that M. Parchappe has arrived at this result by a mode which he regards as not very exact, for it consists in comparing with the whole weight of the blood, that of the clot cut in fine pieces and dried.

To sum up, we can say that at this time the methods of analyzing blood (we have only spoken of the principal ones), are all faulty in some respects. It is, however, something to have established the approximate relation which exists between the two essential elements of the blood, namely, the moist globules and the plasma. But this is only one side of the problem, and organic chemistry still waits for a mode of rigorous analysis.*

M. Parchappe insists, with reason, on the necessity of taking account, in physiological experiments and in analyses, of the kind of blood which is examined chemically. We have, ourself, pointed out at another time the great differences which blood, drawn in different kinds of vessels, may present; we have studied this subject for nearly a year in the chemical laboratory of the faculty, and we shall hereafter publish the results of 120 analyses, which will bring to light facts of great interest.

M. Parchappe finally, and this is the really original part of his work, has studied with care the phenomena of the coagulation of blood; that is to say, the cooling of blood, the formation and contraction of the clot, the separation of the serum, &c. He has proved that the clot exposed to the contact of air, exhales carbonic acid

* The following table, which we take from a paper by Fred. Hinterberger, of Giessen (*Archive für Physiologische Heilkunde, t. VIII*), shows the difference which the use of one or another method of analysis may make in the results. M. Hinterberger took the blood, obtained in bleeding, from the vein of the arm of a child, attacked by angina tonsillaris; he divided this blood into three parts, and made simultaneously the analysis of it according to three different methods. It must not, however, be supposed, from this table, that the analyses of blood as now made can lead to no good or useful result. If, in the place of making the proportion of these analyses to 1000 parts (which is necessary to bring fibrine into line), if, I say, they had proportioned it to 100 parts, as is generally done in analyses of mineral chemistry, the differences would be singularly lessened. If the proportion of albumen obtained by the method of Figuier and Höfle is, in these comparative analyses, much less than in the others, it is very probable that the albumen contained in the serum of blood, saturated with sulphate of soda, was not completely precipitated by heat (the alkaline salts prevent, in fact, to a certain degree, the precipitation of albumen), and also that a part of the albumen remained on a filter, with a mass of globules.

In 1000 parts of blood—method of Dumas.		Scherer.	Figuier and Höfle.
Water,	789.71	791.29	796.86
Soluble substances,	210.29	208.71	203.14
Fibrine,	2.35	2.82	2.35
Albumen,	75.31	73.63	43.85
Globules,	123.92	110.25	130.32
Extractive matter, fat, and salts,	8.71	22.01	26.62

and absorbs oxygen, that to this absorption of oxygen and exhalation of carbonic acid there corresponds a brightening of the color of the superior layers of the clot, that this brightening increases with time, reaching successively deeper and deeper layers, and that it does not take place in an atmosphere of carbonic acid or of azote. There are some facts yet more interesting, which we already knew from the labors of Valentin and Matteucci, that the muscles taken from a living animal and placed in close vessels filled with atmospheric air, or oxygen, comport themselves in the same way.—*Gaz. Hebdom.*

Singular Abnormity of the Arterial System.—Constriction and Obliteration of the Aorta, &c. &c.

MESSRS. EDITORS :—Thinking that the description of a rather rare pathological specimen which I examined in the dissecting room of the University this Winter, would not be uninteresting, I have taken the liberty of giving you the results of my observations.

The aorta was obliterated immediately below the arch at the commencement of the descending portion. The vessel rose from the heart of the normal size, and at the point mentioned, became suddenly constricted, as if the obliteration had been caused by a ligature. The cord resulting from the diminution was about the size of a crow-quill and of about 3 inches in length, when it regained the normal calibre as suddenly as it had lost it. The right subclavian was so much enlarged, as to rival in size the aorta and resemble a second "arch." The superior intercostal branches of this artery were very much enlarged and inosculated very freely with two large vessels given off by the aorta below the constriction. These vessels arose from the thoracic aorta, in the same position as the fifth and sixth intercostal arteries ; but instead of passing forward between the ribs, they ran rather obliquely upwards, crossing the vertebræ and the heads of the ribs to the angles, at which point, the upper artery between the first and second, the lower between the second and third ribs, they pierced the internal intercostal muscles and inosculated with the superior intercostal arteries. A peculiarity of these vessels was their very tortuous course, forming right angles at several points in their passage upwards.

The internal epigastric and internal mammary arteries were very much enlarged, and inosculated freely. The epigastrics were so large as to nearly equal the femorals in size.

I examined the thorax very carefully, and endeavored to ascertain the cause of the obliteration, but could discover nothing which threw any light on the subject. The adjacent viscera were in their normal condition, and there was nothing which appeared capable of compressing the vessel in that portion of its course.

Respectfully yours,

THOS. J. HARRISON, M.D., *Walpole.*

—*Detroit Jour. Med.*

Wounded Artery treated successfully, by Hacam, of Damascus.—[Dr. Sanguinetti has recently published in the *Asiatic Journal*, some extracts from an Arabic book, entitled "The History of Physicians, by Ibn Aby Oceïbi'ah." In it there occurs the following story, the date of which is given as occurring in the early periods of Islamism.]

"Hacam, physician of Damascus, passing before the shop of a surgeon-barber, saw a man who had been bled from the vena basilica by the latter. The artery had been opened, and the barber did not know how to arrest the blood, compresses and spider's webs having failed. Hacam called for a pistachio-nut, split it, threw away the kernel, took half the shell and placed it upon the orifice, then cut a linen bandage, with which he bound the shell upon the wound. After having firmly placed the ligature, he caused the patient to be carried near to the river Barada, had the arm placed in water, and left him to sleep upon the brink of the river, in charge of one of his pupils. He forbade his arm to be withdrawn from the water, unless the excess of cold should endanger his life. This lasted until evening, when the patient was conducted home. Hacam ordered that the bandage should not be removed before the fifth day. The shell fell off itself on the seventh day, leaving in its place some dry blood. Hacam again ordered them not to remove the clot, which became detached by degrees, and after a period of more than forty days left a cicatrized wound. The patient was completely cured."

Intestinal Perforation.—Dr. Reed, of Indiana, reports in the *Western Lancet* a curious case, occurring in his own family. His little boy, aged two years, having recovered from intermittent fever, was observed to be still unwell, and the existence of worms was suspected. Oil of chenopodium, turpentine, calomel and rhubarb, ejected no worms.

Diarrhœa and distention of the abdomen, which followed, yielded to anodynes and external applications of hops and vinegar, after which for three or four days calomel, and ipecac, and opium were administered. The child seemed to be improving for three or four weeks, when the former symptoms arose. Anodynes, &c., as before, were continued, when, at the end of three days, a tumor was discovered at the umbilicus. Poultices were continued for the night. In the morning the tumor had ruptured, and from the opening was issuing pus, and soon the head of a lumbricoid presented. A pair of forceps was used to extract it, which, when seen, measured eleven inches in length. Another was extracted measuring ten and a half inches. After the expulsion of the last, fœces flowed in small quantity from the same opening. A pad and bandage was applied over the umbilicus, and anthelmintics administered, on the supposition that more worms existed in the alimentary canal. Under the use of poultices and mild laxatives, the tumor subsided, the tenderness disappeared, and the orifice became perfectly healed. Since which time the boy has been hearty and healthy,—regular in all his functions as any child.

Pre-expulsion of the Placenta in Child-birth. By C. GOODBRAKE, of Clinton, Ill., March, 1856.

I was sent for in great haste to visit Mrs. B., residing 1½ miles out of town, on the 21st of February, at 9 o'clock, A. M., and who, I was informed by the messenger (her father), was in the eighth month of her second pregnancy, and had that morning slipped on the ice before the door of the house, and fell with her back across a hewn stick of timber about eight inches square. On arriving at the house, I found the woman lying across the foot of the bed on her left side; her hands and feet cold, pulse feeble but quick, and complaining of a dull, heavy pain in the lumbar region, over which her mother informed me there was considerable abrasion of the skin, caused by the stick of timber, over which she had fallen. Upon inquiry, she informed me there was *very moderate* hæmorrhage, and that she had experienced only two or three *slight* bearing-down pains since receiving the fall, but complained of a continuous pain in her back, and an uneasy sensation in her right side, and said something had torn loose in her side when she fell.

The sensation in her side, she described as a gurgling of water,

and said it caused her to feel sick. In addition to these symptoms there appeared to be considerable nervous excitement.

After considering the nature of the case, and the symptoms as they presented themselves to my mind, I came to the conclusion, that by giving such remedies as would quiet pain, allay nervous excitement, and check the hæmorrhage, the case might possibly be safely conducted to the full period of gestation. With this view, I prescribed a powder composed of morphine, camphor, and acetate of lead; ordered the woman to be placed properly in the bed; directed warmth to be applied to her hands and feet, and enjoined strict quiet.

I now stepped into an adjoining room to the fire; but the changing of the woman's position in bed, brought on violent pains with increased flooding, and her mother soon called me to the bed-side, and informed me that the water had come away. I immediately proceeded to make an examination, and to my surprise found the placenta already protruding through the external parts, and before I had time to make any further examination, there came on a violent pain and the placenta came away entire; the head of the child following the placenta so far as to press against the perineum.

I immediately placed my finger in the mouth of the child, and while in this position I distinctly felt the convulsive or gasping movements of the child, and in a few seconds the woman had another violent and protracted pain which expelled the child. When the child was born it did not breathe, but seemed to be affected with a general tremor, every muscle perfectly rigid, with arms and legs flexed, face bloated, and lips purple. I immediately instituted artificial respiration, when to my great satisfaction, and the unbounded joy of the relatives of the little premature, it first began to breathe on its own responsibility, and then to squall. After the birth of the child, the uterus could be felt above the pubes, firm and well contracted, and there was no more hæmorrhage. Mother and child (female sex) are both doing well up to this time, March 10th.

I must not neglect to state, that about three months previous to the accident above detailed, this same woman received a fall by the upsetting of an omnibus, at which time she was considerably bruised and a good deal frightened. And she informed me that ever since that time she had experienced more or less of the "uneasy sensation" in her side, and which was only aggravated by her fall on the ice.

So far as I can now recollect, I have never read of a case similar to the one I have attempted to describe. I have been unfortunate

enough to have several cases of Placenta Previa come under my care, consequently I have endeavored to neglect no opportunity, by reading or otherwise, to inform myself on the subject, and to my mind, at least, this case presents the following points of interest :—

First. The very slight degree of hæmorrhage for a case of *reversed birth*, there being no more blood lost than in the majority of cases of ordinary labor. This might be taken as an argument in favor of the plan recommended by some writers in cases of Placenta Previa, namely, the detachment of the placenta to avoid hæmorrhage.

Second. The child being born alive after the expulsion of the placenta. How was life sustained from the time the placenta became detached and expelled, until respiration was established ?—*N. W. Med. and Surg. Journal.*

Case of Punctured Fracture of the Cranium, and Wound of the Brain, with loss of Cerebral Matter, without the occurrence of corresponding serious symptoms. By M. MORTON DOWLER, M.D., of New Orleans.

Instances of recovery after the most formidable injuries of the brain are not frequently recorded, and have, in some cases, not a little contributed to overthrow the theories of physiologists and psychologists, demolishing, at once, as with a "knock-down argument," the skull-bump psychology. The crowning case of Gage, related in the July, 1850, number of the "*American Journal of the Medical Sciences,*" affords an exemplification, which, coming from a less reliable source, would be regarded as almost incredible. It has been seen in this case that a tapering iron bar, of the length of three feet seven inches, and of the diameter of one inch and a quarter, may enter beneath the zygoma, and pass out at the junction of the sagittal with the coronal suture, passing through the anterior lobe of the left cerebral hemisphere, and that the subsequent report may be, as in this case, that "the patient has quite recovered his faculties of body and mind, with the loss only of the sight of the injured eye." Nevertheless, whatever may be the deductions afforded by exceptional and extraordinary cases such as this, all surgery gives us emphatic warning that in cases attended with any manner of lesion of the brain, its blood-vessels, its meninges, or its bony protection, the gravest and most serious results should always be apprehended and guarded against, on the part of the attendant. A patient whose brain has been laid open, and the proper substance of the same

wounded, should be considered as being in both immediate and ultimate peril, and should no urgent or alarming symptoms whatever occur during the treatment of such case, it must be considered as a remarkable exception, and the more especially where the patient is of tender age, and has received a severe punctured wound. Of such exceptional kind is the following case, which is not like the case of Gage, given as an extraordinary case of mere recovery, but as exemplifying recovery without any symptom corresponding to the gravity of the injury sustained, being in this respect the most remarkable I have ever witnessed.

On the 3d day of September last, a little boy, Louis, son of Mr. R. D. Maclin, of the Fourth District of this city, received a punctured fracture of the skull, and penetrating wound of the brain, under the following circumstances: a negro servant girl ascended a shed, about 12 feet from the ground, for the purpose of driving a nail, using, in place of a hammer, a large male hinge, weighing nearly two pounds, which had been drawn from the post of a wide gateway; and after effecting her object, without taking the precaution to look downwards, she threw forcibly from her hand the hinge, which descending, struck the child on the parietal bone of the left side, an inch and three-fourths from the coronal, and one inch from the sagittal suture, the post-spike of the hinge presenting, and entering the brain. The child was at the time sitting with the head erect, and the iron entered in nearly a perpendicular direction. The spike of this formidable iron is a four-sided body, six inches long, gradually tapering on all sides, but so flattened laterally as to triple the width of the horizontal surfaces, thus terminating in a wedge, the edge of which is half an inch long, and which is dull and battered. The iron penetrated about an inch, passing into the medullary matter of the brain, making by the tapering spike, an external opening three-fourths of an inch long, and one-fourth of an inch wide. The great weight of the butt end of the hinge, and its slight deviation from the perpendicular direction of the spike, caused it to be swayed over across the sagittal suture, the thin parietal bone affording no other resistance than as a fulcrum on which the whole iron became a lever of the first kind, to injure the brain in the direction of the parietal protuberance, and the child's body was thereby drawn over to the right, and he was found with the right side of his head on the ground. Mrs. Maclin ran to the child's relief, and drew out the huge spike from his head, and she saw particles of cerebral matter adhering to the rough, rusty iron, and also escape from the wound. The blood at first escaped pretty freely, but soon ceased to flow. The force and weight of the iron was such, that it

produced a simple oblong opening the exact shape of the spike, without there occurring any surrounding depression, or radiating fracture, the displaced bone being comminuted into small particles, as is believed. But few of these latter were ever found, and must have cleared the wound during suppuration, otherwise they involve a mystery. After the transient primary shock had subsided, none of the symptoms of concussion or compression of the brain manifested themselves; nor did they subsequently, the child relating to his father, in an hour afterwards, how the accident happened, and inquiring "if he must die" from the injury.

Dr. W. P. Sunderland, the family physician, was sent for, and was soon in attendance. Very reasonably regarding the case as one likely to be attended with the gravest consequences, it resulted that I met him in consultation, and was fully impressed with the justice of his apprehensions. He had sponged the wound, and made the only topical application subsequently resorted to—a simple compress saturated with cold water. We engaged to meet twice a day and watch the progress of the case. The patient never at any time labored under any apparent urgent symptoms, excepting during the second and third days; nor was any medical treatment found necessary, or resorted to, excepting the administration of an occasional saline aperient. Excepting during these two days, there was but little febrile irritation or pain: there was freedom from delirium, from coma, and the intellectual manifestations were unchanged, the wound soon beginning to suppurate, and to rapidly heal.

During the second and third days there was considerable nausea and uneasiness of the stomach. The patient was kept for many days strictly in the recumbent position. I discontinued visiting him at the end of ten days, and he was subsequently under the care of Dr. Sunderland. Towards the close of December the wound completely healed, and a firm membranous cicatrix now shows the seat of the injury. The patient is a child of great intelligence, and his faculties have in no way suffered from a wound in which there has been a loss of cerebral matter amounting, as Dr. Sunderland and myself both estimate, to at least a drachm in weight.

In neither the effects of injuries nor from the effects of remedies can we calculate on uniform results. The most inexplicable peculiarities and individualities interpose themselves, so as to render an ordinarily salutary remedy pernicious and an ordinarily fatal injury a thing of ready cure. Much here remains to be elucidated before the depths of pathology and therapeutics can be considered as explored. —*N. O. Med. and Surg. Journal.*

Diseases peculiar to the Sandwich Islands. By JOHN RAE, M.D., Kaoli Hana, Mani, S. I.

Cutaneous diseases are very rife among the natives. These have been generally all classed by travellers under the head of scrofula; yet I do not think I have seen a case of scrofula which is so frequent in Great Britain, and sometimes is seen in Canada. There are several diseases, however, having some analogy to it, and to which the natives give various names. One of these is the *puupuu*, which, with some latitude of translation might be Englished, as a constant springing forth of fleshy knobs. The first cases of this disease that presented themselves to me had this appearance. Over the whole body, or over the lower limbs, there were sores, generally circular in form, and varying from a quarter of an inch to an inch and a half in diameter. The general skin was little affected. There was a slight ichorous discharge from the sores, and flabby granulations shot out from them all, so as to project a line, or a quarter of an inch from the surface. An intolerable itching beset some, partially covered with a scaly cuticle, and evidence of new ones coming out, was afforded by red looking boils appearing at various points. I conjectured that the malady was connected with some venereal taint, and applied an iodine wash externally, and gave mercury internally (blue pills). Under the stimulus, the superfluous granulations subsided, the discharge became less and less thick, and in a fortnight or three weeks the sores were covered with a pretty firm coating of new skin and cuticle.

I was here first led to remark the extraordinary vigor with which the renovation of skin and cuticle goes on among this race. Although, in these cases, the original skin had been completely destroyed, yet, in a month or two, the scars were scarcely perceptible, being only noticeable, on a cursory view, by a more polished surface, and requiring a close inspection to trace the line of demarcation between the old and newly organized substance.

I subsequently found many varieties of this, or a similar affection. On the scalp it assumes the appearance of scaly blotches. Frequently it shows itself in a swelling, accompanied at points with acute pain over a large extent of the areolar tissue. For instance, the whole extent of one upper extremity, including the fingers and shoulder, or all the space occupied by one or both scapulæ, and part of the back, or one cheek may seem greatly swelled. There being no discoloration, one would fancy this to be produced by simple œdema; but on grasping the part, though it yields to the impress of

the finger, it does not pit, but possesses an elasticity, which enables it, on the pressure being withdrawn, immediately to resume its preceding form. If not checked, this swelling points at one or more places, and a copious thin discharge, with a gaping sore or sores, gradually assuming the appearance of those I have described, is the result. Sometimes the muscular fibre seems to be involved, and then, though the external sore skins smoothly over, there is a considerable depression under it, marking the loss that has taken place.

On more extended inquiry, I was led to doubt the connection of the affection with venereal, and I am not yet satisfied as to this point. I tried various other methods of cure. I found several more or less effectual. Thus applying cautiously, and to portion by portion, a solution of cor. sublimate, or, sometimes, simply touching the part or parts affected with lunar caustic, would check, or remove it. But I think on the whole my original treatment, by some combination of iodine and mercury, succeeds best with me. I have indeed never found a case that has withstood the united action of the two. I ought, however, to add that I have seen cases, in elderly people, where the malady affecting one or both of the lower extremities, has assumed a form, very closely resembling elephantiasis, as it appears among the Spanish, or rather negro population of New Grenada—the limb permanently swelled and stiff, with deep scars, apparent loss of muscle, and a toe or two dropped off. I have wished to essay the effect of a similar treatment on some of these, but have not found any willing to try it, and very much doubt if it would have any considerable success.

Akin to the *puupuu*, is an affection of which the native name is *alaala*, that attacks the neck. When at its *acme* it stretches from ear to ear in front, in a sort of very large, and very rough necklace. Were one to make a string of smallish unopened oysters, by piercing a hole right through each, and arranging them by putting them back and belly, and with their edges, therefore, outward, and were he to place this on the bare neck, in the position I have indicated, it would closely resemble the appearance presented by very many cases of *alaala*. Add to this, that the neck is stiffened, the face swollen, and a feverish state induced, and you have the characteristics of the complaint. After continuing for months, or years, the necklace slowly drops off, leaving a wide scar, which is gradually almost completely obliterated. I have not treated this complaint, as the natives seem to think that its nature is to come and go of itself. It seems generally to attack boys, when at the age of puberty, and to prevail most in rainy districts. At Helo it is said to be very rife.

These are the most prominent varieties of cutaneous diseases, but I may add, that itch is rather common, and often seems to be the exciting cause of *puupuu*, making a troublesome combination.

You will observe that all this differs from scrofula. The glands are not peculiarly affected, and the discharge, in so far as I have seen, is not charged with curdy flocks. It may be, however, that in some of my cases, this characteristic feature might have appeared, had it not been that the treatment seemed rapidly to affect the discharge, converting it into proper, or as it used quaintly to be termed, laudable pus.

Though the two cutaneous affections of which I have spoken may be made to comprehend the mass of such complaints, yet, were one to attempt a minute description of all, in which the skin is more or less involved, he might perhaps find something analogous to whatever nosologists have noted from ring-worm to leprosy and scrofula. In fact most of the natives have, or have had, some skin disease or other. A scaling off of the cuticle, leaving but a thin remnant that easily bleeds, is common among the aged. Their predisposition to these diseases is indicated by their uncomfortable feelings when deprived of the fresh water bath, and by the quantity of old cuticle which rolls off their skin when for a few days they have been unable to obtain this luxury of a tropical climate.

One would suppose that in a climate of so equal temperature as this, diseases of the lungs would be rare, but the fact is that they are by no means so, and that many of the race, especially young women, are carried off by consumptions.

Affections of the bronchial tubes—colds and coughs—are frequent, from exposure to wet and consequent cold. If these are attended to, and squills and laudanum are almost specific for them, they pass away; but, recurring frequently and being neglected, the bronchial affection becomes deeper seated, pus is brought up, and things go on much as they do elsewhere, and death closes the scene.

My stethoscopic perspicacity is not sufficient to speak with certainty as to the existence of tubercles, and the strong prejudices of the natives run altogether counter to any *sectio cadaveris*, but I believe they would be found, and that their presence is, in many cases, the predisposing cause of this disease.

The malady in question, in the opinion of old residents, and I know some who have dwelt on this island for forty or fifty years, has become much more frequent than formerly. They assign several causes for this. First, since the breaking up of the old order of

things the condition of the female sex has undergone a change. In some respects they are more restrained, but in others less so, and on the whole an intercourse of the sexes more promiscuous and premature than before, is very common, and a cause of a waning in the vigor of the female frame. The constitutions of many of these has also suffered from the inroads of venereal maladies. But to this I shall afterwards recur.

The diet also, from circumstances the detail of which would lead me too far out of my road, has become less abundant. The people eat less fish and pork than formerly, and sometimes are pinched even for tœro.

Again, the general adoption of something like the dress of civilized men, seems to have produced a change in their habit of body, which, physiologically and perhaps ethnogically, is worthy of notice. Their hue has less of red and more of black in it. It would seem that, when the surface of the body is exposed to the skyey influences, there is a greater rush of blood to the minute external vessels, reddening the hue. The whole person becomes, in a measure, face. May not this be one cause of the change of complexion which to a great extent has taken place in the Celtic and Germanic races? We know from Cæsar and Tacitus, that even in the severe winters of the Germany and France of those days, the hardy natives scorned much encumbrance of clothing as a mark of effeminacy, and the fair hair and blue eyes were universal, cærulei oculi rutilæque comæ. The present Gaul is generally swart, and so are very many Germans. And civilization a thousand years since gave these a general and warm covering to the whole person. However that may be, the alteration in hue, which I have noted, is a fact of which I have no doubt. It has been accompanied by a greater susceptibility to cold, and to the inroads of those diseases, which that susceptibility produces.

Venereal diseases in some modification or another, are very widely spread. For this the voluptuous propensities of the women, and the concourse of sailors to these parts sufficiently accounts. Were I to attempt a description of all the modifications these assume, my epistle would swell to a treatise. I shall confine myself to one or two remarks:—

When such diseases are promptly met by proper treatment, they very readily yield to the simplest means of cure; but, if neglected, or ineffectually tampered with, they become both severe and obstinate. Strictures, connected mostly with the growth of large warts, and tumors in the urinary passages, are very common among females;

and, for want of proper aid, have been very fatal. One man, when speaking on the subject, told me, and as a thing by no means remarkable, that he had thus lost two of his sisters. In the male sex, such strictures obstinately recurring, and complicated with affection of the bladder, are also frequent and difficult to treat. Deep seated and very malignant ulcers in the throat, and other parts, with total derangement of the system, have carried off, and still carry off, many. But I believe there are few of these latter cases that would not yield to the persevering use of the appropriate remedies.

Of imported diseases, the measles was, some years since, one of the most fatal, sweeping off whole families. The large development of the areolar and kindred tissues, for which the natives are remarkable, may perhaps explain this fatality. To the same constitution of body I am inclined to attribute the peculiar phases assumed by the small pox in its recent visitation, and by the cow pox, its preventive. I had sufficient opportunity to remark these, having been sent by the board of health of this island round the larger part of it, for the purpose of attending to the sick and vaccinating the well.

You have probably heard that this scourge made a fierce inroad on Oahu in 1853, beginning at Honolulu, the capital of these islands. By the returns, the number attacked was about five thousand; the deaths about 2000. In the other islands the deaths reported amounted to two or three hundred. It is suspected, however, that these reports fall considerably short of the reality, and from the returns of the census for the year 1854, not yet completely made up, it is calculated that the whole amount of the population will appear to have fallen from 80,000 in 1849 to 70,000 in 1854. The deficit mainly attributable to the small pox.

The mortality at Honolulu was, I believe, augmented, as generally in such circumstances is the case, by a sort of panic terror that seized the natives, and seems to have had its influence even on the medical, and other authorities. What gave greater force to this, was the seeming fact, that vaccination was no protection. Those who had been vaccinated, it was said, fell equally with those who had not. It was not for some time that this assertion was proved erroneous, and that it was shown that vaccination, properly performed, and the vaccine disease running in due course, is a real preventive here as elsewhere. It is, however, in so far as my own experience enables me to judge, and as I have learned from others, a thing well ascertained, that, to carry vaccination properly through, is a matter of much greater difficulty with this than with other races

The main difficulty, as it appears to me, arises from the peculiar constitution of the natives rendering them so propense to skin disease. In consequence of this, if the vaccination be successful it is very apt to awaken some other affection of the skin which may be a sequel to it or a concomitant of it. For instance you may see the vaccine disease running in due course. The scales even may fall off leaving only a slight swelling of the part, but, instead of this disappearing it may be the prelude to a troublesome sore of an inch or perhaps two in diameter, which finally healing up, the diseased surface contracts, the skin smooths over, and but very slight trace of a scar remains. More frequently the supervening diseases come on when the vaccine vesicle is in progress, and a compound and disagreeable sore from which large quantities of lymph-like fluid may be discharged, is the consequence. It is apparent that if lymph be taken from such an arm it may produce either a true vaccine vesicle, or a compound, but yet truly prophylactic disease, or may give rise to a sore, which, though troublesome, is no preventive. Now a good deal of vaccination has been performed by the natives, and their idea is, the larger and more severe the sore, the more trustworthy. This I believe to have been one considerable cause of mistake and failure. The safest plan, if practicable, is to vaccinate from infants. In them the lymph is generally pure. It is less to be depended on in children, and in perhaps the majority of adults, is more or less contaminated. Another, and I believe a frequent cause of partial failure, is the vesicles not being allowed to reach complete maturity. Children, and grown boys and girls can scarce restrain themselves for a week or two from plunging into the frequent streams, in which it is their daily delight to gambol. And if one go, all follow. At night, too, between sleeping and waking, their habit of scratching every diseased surface recurs on natives of all ages, and unwittingly they destroy the forming vesicle or scab, which they may have been really desirous of preserving intact. I conceive that, when the progress of matters has been thus broken in on, the prevention is not perfect, and was unable to resist the energy of an attack, proceeding from the concentrated virulence of a contagion, raging almost uncontrolled, in the crowded suburbs of such a city as Honolulu. I may add that I have probably examined some thousands of arms and that the general appearance is this: The traces of a sore much larger than among whites, but smooth and level with the adjacent surface, towards the edge of it the slight traces of the diagnostic pits, often only perceptible by turning the arm so that the light strikes obliquely

on it. To the central space, void of pits, they give the name of the sunburnt spot, from a notion of the missionaries, that it was produced by exposure of the arm to his rays. This is the most usual appearance, but it varies considerably in numerous instances. If, having examined such an arm, you learn on inquiry that the constitutional symptoms had run their due course, you will generally find the system of the individual resists fresh vaccination.

The small pox itself, as I have seen it attack the native race, has these peculiarities: The eruption considerably less than in whites, and seldom confluent; but, the pustules not so prominent, often flattened, and then blackish, in which cases the fever assumes the typhoid type, the patient sinks, and generally dies.

I believe the practice with the profession in these islands has not varied much from what is usual, with the exception of a more free use of wine and other stimulants.

The mortality seems to have been about 40 per cent. At Lahaina owing to the judicious measures of the authorities, ably seconded by the exertions of the medical men there, not only was the disease altogether confined to the strangers who brought it, but among them the mortality was less, say about 25 per cent.

The idiosyncrasy of the Kanaka, the vigorous life in him, and the great resources of the areolar tissue, are marked by the singular fact, that, however much or deeply pitted when he first leaves his couch, yet, in nine cases out of ten, these pits fill up, the skin smooths over, and in a few weeks there are no vestiges of the disease, or only slight discolorations, which probably the course of time will, in a few months or years, completely obliterate.

Before concluding, I ought to add that a new mode of treatment, or rather, as concerns Europe, the revival of an old one, was adopted by Ra Makau, a native friend of mine of considerable intelligence, and whose influence is extensive over a large portion of this island. It is this: The patient is sweated by being laid on mats over a heated bed of stimulant native herbs. This, he tells me, has the effect of bringing out a large and *prominent* eruption, in which case no typhoid symptoms supervene, and recovery under his hands was *universal*. I have had no means of investigating the matter sufficiently, but am inclined to think there is some truth in it. The idiosyncrasy of the native renders it not improbable, and the inquiries I have made are confirmatory of the success. But, I should feel more confidence in the statement, had some unsuccessful cases been confessed.

Rheumatism is not uncommon among the natives, and very fre-

quent with the whites. I have not found it hard to treat with the former. I do not recollect prescribing for a white man. The former generally, in their own practice, resort to bathing in a torrent of cold water, and what they call *loomy loomy*, a sort of vigorous shampooing of the parts affected. One or two friends of mine, who were long laid up with it in Honolulu, and under the best medical treatment there, have assured me that they have found no relief till they adopted this plan. Among the white race also, there is proneness to genuine scrofula, if there be any taint in the system, and cases of consumption also occur. Disorders of the bowels, diarrhœa and dysentery, are sometimes fatal, but there is perhaps nothing in these, or two or three other maladies, worthy of being noted.

The case is different with regard to a malady which spread over this island and Oahu in 1852, and the history of which seems to me to present some remarkable and instructive features.

I have next to notice the existence of considerable tracts of low lands devoted to the cultivation of taro, and the existence, in such situations, of extensive fish ponds. When I first cast my eyes over these Islands, I could not but think that these muddy pools, full of decaying vegetable matter, were likely to be productive of disease, of ague perhaps, or of more malignant fevers. I was assured that the salutary influence of the trades, sweeping rapidly all miasma into the wide ocean, secured from all such attacks, and had reason to think that this notion was, to a certain extent, correct. Still two circumstances induced a shade of skepticism in my mind, as to the absolute immunity of the Islands from any such attack, one of these was that the native language recognizes the existence of chills and fever, and the other characteristics of ague, and that, in fact, I had cured a native woman, who had been much reduced by febrile attacks, chiefly I think by the administration of quina. Another thing was the admitted prevalence, during the season of the *Konas* or South winds, of a malady, which the Missionaries termed influenza, and which was said to be almost universal in its attacks. I had, however, seen nothing positive, until the Summer of 1852, when a gentleman from California, when sitting in the same room with me one morning at Wailuku, called my attention to his hands, the fingers and nails of which I found assuming the appearance characteristic of immediate ague. They were cold, so was his face, the features of which were sunk and pallid. I told him that he was probably in for a fit of ague, and asked him if he had had it in California. On his answering in the affirmative, and informing me also that he had come over the

mountain from Lahaina the morning before, I imagined that the fatigue and cold of the ride, had brought on a return of a complaint which keeps so tenacious a hold of the system. I told him he had better get to bed, he said he would, but must go out first, and moving for this purpose, I made way for him to pass, and waited his return. This lasting longer than I thought necessary, I went after him, and found him lying on the grass insensible with blood flowing from his nostrils. We had him carried in and placed in bed, where he soon somewhat recovered. He said he knew nothing of the fall, but recollected having been seized with a strange dizziness as he was going out at the door. He had a slight shake and considerable fever with much pain in the head. The fever continuing long, towards afternoon I gave him a few grains of James' powder, of which I happened to have some that was very good. This bringing out slight moisture and producing abatement of fever, I gave him a full dose of quina. As his tongue was very foul, I had sometime before given him a few grains of blue pill. In the evening he felt better, but complained of pain in the forehead and strange restlessness. He suggested opium. I asked him if he had often used that drug, and, on his replying in the affirmative, and finding his pulse nearly natural, I gave him two teaspoonfuls of paregoric. This was about 11 at night. He slept pretty well, felt tolerably comfortable in the morning, and after a slight dose of salts, which brought off one or two dark and fœtid stools, his tongue cleaned, and his appetite returned. I gave him another full dose of quina, and afterwards repeated it in smaller quantities, being under the impression, all the time, that it was scorium *(sic)* of ague, somewhat modified.

Soon after this, I heard from a missionary friend, that the influenza. had been for some weeks prevailing in Lahaina. From the description, I judged the disease, so named, was some sort of fever. Soon afterwards it got the name of the Lahaina, and, finally, in this island, of the Boho fever. There is much intercourse between Lahaina and Honolulu. It reached the latter port in about two months. Gradually it spread over this island of Mani. Its progress was very slow, it being Christmas before it reached Hana, the northeastern division of the island, though the distance of that region from Lahaina, in a direct line, is considerably under sixty miles. But it made at last the whole round. It was two months before it crossed the mountain intervening between Lahaina and Wailuku, where I then resided, the distance in a direct line being under eighteen miles. The attack was sometimes very slight, sometimes severe

and attended with much suffering, but seldom protracted, most individuals getting over it in a week or two, and there being almost no fatal cases. The whites were always first seized, and very few of them altogether escaped. Next it spread among the natives, but very sparsely, here and there only a case occurring.

The first patients I had, after the case I have described, were whites, who had come out of Lahaina, or had been there. After about half a dozen such cases, it spread among those who had not been there. They had pain, sometimes excruciating, in the forehead, just over the orbits, reaching from temple to temple. The eye had a great deal of the peculiar aspect I told you of, in my former letter, as diagnostic of the Panama fever. This orbital pain was universal, and in some cases was the only symptom of disease. One friend of mine had even this only in a slight degree, with some intolerance of light, difficulty of reading, a flow of tears occasionally, and a little loss of appetite. He took no remedies, and these symptoms went off in a few days. Bleeding at the nose was very common, and, in some cases, even alarming. There was a dead heavy pain in the back, in severe cases becoming acute, described as intolerable, and shooting through to the extremities of the ribs. There were also pains in the legs. The pulse was quickened, the tongue slightly furred, and the alvine evacuations were for a few times dark, colored, and offensive. Oppression of the chest and cough sometimes supervened, especially among the natives. The first attack was very commonly attended with chills. It was altogether sudden and without premonitory symptoms. Two or three friends of mine were seized when riding on horseback, and got home with great difficulty. One of these recalled only that he had felt a sensation of giddiness, and then there was a blank, and he found himself lying on the middle of the road, and his horse strayed away.

I believe wherever it prevailed the phenomena presented were very similar to what I have described. I followed a similar treatment to what I had chanced to adopt at first, giving James' powder, slight doses of mercurial and saline purgatives, and finally quina. Sometimes when there was great redness, I added opium in the form of Dover's powder. The last I found of great service among the natives. Under this treatment the attack did not last over thirty-six hours. The quina prevented relapses, which were apt to occur if omitted. I believe the disease had the same character, and the mode of treatment was very similar, all over this island, and in Oahu. It seemed rather more severe in Honolulu, where almost every white man was simultane-

ously seized, so that the stores were almost all closed for a week or two. The population of that port was then something over twelve thousand, about a fifth being foreigners.

I very soon came to the conclusion that the malady was identical with the Panama fever, only much slighter, and told my patients so. I soon afterwards saw the same remark made in the *Polynesian*, the only English newspaper at that time published in Honolulu. This similarity is one among other reasons, why I have wished to give you a sketch of the progress of a malady, so little serious in its effects. It seems to me that the beginning of diseases, and the aspect they assume when putting on their most deadly forms, are particularly deserving attention. The former correspond to the *instantia incipientia* of Bacon. Now here it was evident that the first impression was on a certain part of the brain, and then extended to the nervous system in general. Such I apprehend is the case in the far more severe Panama and Chagres fever.

Again it seems to me that the progress of the malady serves to show how those forms of disease which we attempt to classify under the terms contagious, epidemic, endemic, &c., blend and mingle together. I have said it first broke out in Lahaina. That port is on the southwest of the Island. The small town stretches along the margin of the sea. Immediately behind, around, and on it, are tara patches, and large fish ponds. About a mile inland the mountains rise up and surround it like a wall of some thousand feet in height. The heat is generally great, and, this season, no trade-winds or land breezes had been felt for many weeks. I should add, that the decomposing lava mountains form beds of ferruginous clay. Thus, it was a fit nucleus for febrile disease. There was sufficient pabulum to feed it on should it be once generated. The predisposition of a single individual gave it birth, and, possibly, form; for a few days after that first case, the malady with which he had been seized spread around. Having thus, shortly, as it were, grown into strength, it was able to progress beyond its birth place, and make way in regions that never would have first produced it. Undoubtedly individuals carried it from point to point, for it never progressed where there was not free intercourse. It was thus carried from Lahaina to Honolulu, yet it was not strictly contagious. Among the natives, for instance, it attacked only individuals, here and there, a quarter or half a mile distant, and having had no recent communication, and when it once reached Honolulu it was a real epidemic. It never reached the other islands because the intercourse is much less free between them.—*Montreal Med. Journal.*

A Winter in East Florida. By JOHN M. KITCHEN, M.D., of Indianapolis, Indiana, in a letter to PAUL F. EVE, M.D.

DEAR DOCTOR :—In the month of October last, I had the misfortune, as you are aware, of being severely attacked with pulmonary hæmorrhage, which threatened serious consequences, and although hæmoptysis in this country is not considered as positively indicative of phthisis, yet it is generally believed to be a suspicious symptom, and one that demands immediate attention.

It was the unanimous opinion of several medical friends, that I ought to seek a milder and less variable climate than is found in central Indiana, in which to spend the approaching Winter ; and as my own opinion coincided with theirs, it was decided that some portion of Eastern Florida should be the place of resort. This conclusion was arrived at, not as a consequence of the personal experience of others, for I was unable to meet with a single individual who had ever been in the country, but partly because there seemed to be a prevailing idea amongst medical men that the climate there was the best that could be found, and partly because about this time there appeared in several medical journals, and in numerous newspapers in the North, an announcement of the opening of a "Sanitarium," at Magnolia, East Florida, wherein it was stated that the temperature of the atmosphere there seldom varies five degrees in twenty-four hours, that the mean temperature of the Winter months is about 60 degrees, that but little rain falls, the frost is rarely seen, and that the location was chosen after much observation and deliberation, as particularly suitable for the Winter residence of persons afflicted with pulmonary diseases.

As this and other exaggerated accounts caused a disappointment in my expectations, and as I met with numerous individuals who expressed dissatisfaction with the climate, I have thought a plain statement of facts, by a disinterested person, might be interesting to the readers of the Journal, as well as serviceable to those who may hereafter think it necessary to follow in my footsteps. I will therefore give the result of my experience in a very brief manner.

I arrived in Florida the first of December, and remained until near the first of April following. During the same time not less than six hundred persons, mostly invalids from other States, visited there with the hope of being benefited in health, and it may safely be said that one-third of that number designed, before leaving their homes, spending the Winter at Magnolia, in the "Sanitarium," influ-

enced no doubt by the newspaper notices before referred to; but when it is known that this "sanitarium" is nothing more than an ordinary hotel, capable of accommodating about thirty persons, it will be seen that the expense of such extensive advertising was at least unnecessary.

The principal places resorted to were St. Augustine, near the Atlantic coast, Jacksonville, Hibernia, Magnolia, Pilatka, Welaka, and Enterprise, on the River St. John's, Orange Springs, in the interior, and Middleburgh, on Black Creek.

The St. John's river is from one to five miles in width, one hundred and fifty miles or more in length, runs in a northerly direction within twenty miles of the sea coast and parallel to it, and empties into the ocean near the thirtieth degree of latitude. Jacksonville, located on the West bank of the river, is a prosperous town, contains somewhat near 2500 inhabitants, and possesses tolerably good hotel accommodations for invalids. At Hibernia there is only one family residing, that of Col Fleming. His table, although of the plain and substantial kind, is said to be inviting. Magnolia consists of a few houses scattered along the western side of the St. John's. The proprietor of the establishment there has the reputation of providing reasonably well for his guests. Pilatka is a small village, contains probably two hundred inhabitants, and is particularly distinguished for its miserable hotels. Welaka is a small place, as is also Enterprise. A good hotel is kept at the latter place. St. Augustine has the reputation of being the most ancient city in the United States. Its narrow streets and the style of its architecture betrays its Spanish origin. Population about 2000, and hotel attractions fair. So far as business is concerned, the place is actually destitute, and the inhabitants would be in danger of starvation without the money left there by strangers, hence it is to their interest to magnify the advantages of their climate in order to attract persons thither.

Black Creek is an excessively narrow, but very deep and crooked stream, rises in the interior and discharges into the St. John's. Twenty miles up the stream Middleburgh is situated. The site of the town is a sand hill, and immense pine forests surround it, which serve to shield it from severe winds. The number of houses will not exceed twenty-five, including a hotel, which I believe has always given satisfaction. I spent the greater portion of the Winter in this place, yet most of the other towns mentioned were visited by me. They are all accessible by steamer from Savannah or Charleston,

with the exception of St. Augustine and Orange Springs, and stages run to those points.

Thermometrical observations were taken by me during my stay at Middleburgh three times daily, at 7 A. M., at 1 P. M., and soon after sunset. The thermometer was under cover, but exposed to the North, East, and West winds. The temperature at St. Augustine was noted down for me by a friend, at the same hours under the same circumstances. The following condensed statement will show the result of my observations for the Winter.

The weather for the largest portion of December 1855, was mild and pleasant, indeed, such was the case almost throughout the entire United States. On only one morning during the month was the mercury found below the freezing point; on Christmas day, however, there was a sudden and severe change of temperature *amounting to* a *twenty degrees in one hour*.

The extremes of temperature for the month at 7 A. M., were 30° and 71°, and at 1 P. M., they were 57° and 87°. The average temperature at 7 A. M., was 54° 38′, and the monthly mean was 62° 36′. Number of rainy days, nine.

January 1856, was characterized by frequent and violent changes, and by blustering winds; in fact there was much weather that would be called extremely disagreeable in any country. The thermometer indicated a condition of the atmosphere below the freezing point on nine different mornings, and ice two inches in thickness was formed. Heavy rains fell on nine other days, but I have to regret that suitable means were not in my possession for measuring the exact amount. The extremes of temperature at 7 A. M., were 20° and 68°, though on one occasion the mercury was seen at 16°, in a thermometer which hung in a more exposed situation than mine. At one P. M. the extremes were 38° and 80°. The average temperature at 7 A. M., was 41° 51′. The mean for the month was 49° 52′.

February was more pleasant than January. Ice was seen on but two mornings, and there were but four rainy days. The extremes at seven A. M. were 22° and 63°, and one P. M. 40° and 80°. The average temperture at seven A. M. was 48° 37′. The mean temperature was 58°.

March was distinguished for copious rains, dark clouds, and high winds. Only eight really pleasant days were seen within four weeks, and it has never fallen to my lot to see heavier rains than fell on six different days. Severe frost occurred as late as the 28th of the month. The temperature at St. Augustine differed but little from

what was experienced at Middleburgh. The extremes there for December 1855, were 32° and 84°, and the mean was 61° 60′. In January the extremes were 22° and 76°, whilst the mean was found to be 49° 93′. The extremes for February were 23° and 82°, and the mean temperature was 56°. At both places the mean temperature of the coldest Winter day was 34°. In regard to uniformity of temperature, I find that during a period of ninety-two consecutive days, there were thirty-seven mornings that the thermometer exhibited a change of over ten degrees in twenty-four hours. On twenty-six of these mornings the change amounted to from ten to twenty degrees, and on eleven of them to from twenty to thirty degrees. On one occasion *the mercury fell forty-six degrees* within a period of twelve hours, and on another *thirty-eight degrees* in the same length of time.

It is not my wish to be understood by any of the preceding remarks as condemning the climate of Florida entirely; but I do desire to state most emphatically, that it is far from being the paradise which it has been represented. Notwithstanding there are a great many severe changes there, and much inclement weather, yet there is far less cold than is found farther North, and as the sandy soil rapidly absorbs the rain, there is less moisture in the atmosphere, and in elevated situations no mud, consequently damp feet can be avoided. Opportunities for exercising in the open air are likewise more frequent. There is an impression entertained by some that Florida air possesses curative properties, and one imaginative gentleman says, writing of St. Augustine, "The various chemical ingredients in the atmosphere impart to it healing power and medical virtue."

Nothing but disappointment can result to the invalid who entertains such an idea, for the most that can be said of a Winter spent there is that it places persons in delicate health under more favorable circumstances for recovery, than can be met with in more northern latitudes. For persons in the early stage of phthisis, I believe a residence in Florida from the first of December to the first of May, with nutritious, healthy food, frequent bathing, vigorous exercise, the judicious use of good brandy and cod liver oil, and by being absent from the cares and anxiety of business life, will result beneficially. Those far advanced in that disease will do better to remain at home, as there is scarcely a possibility that benefit will result to them by change of climate, and for physicians to advise such to go there, as has frequently been done, is, to say the least, cruel, for many, very many go there but to die, and that too away from the comforts of their own homes, and far distant from relatives and friends.

It may be well to state here that the natives of Florida are not exempt from consumption. Two persons died with that disease near where I was located, and I met with numerous instances of bronchitis and pneumonia. In selecting a location in Florida, I am decidedly of the opinion that one in the interior is preferable, away from the chilling winds of St. Augustine, and from the dense fogs which often rise from the St. John's. Mr. Stevens, of New York, who has spent ten Winters on the banks of the St. John's, and two in the interior, agrees with me in opinion. Orange Springs, Middleburgh, Micanopy, Ocalu, Alligator and Kennansville may be mentioned as desirable interior localities.

In conclusion, permit me to state that my own health was much improved; whether the same benefits would have resulted by remaining in the North, it is difficult to say; true, the Winter was excessively cold, yet it was uniformly so, and the atmosphere for a long time was without humidity, in fact just such a climate as Dr. Drake, in his great work recommends; Fort Snelling being suggested by him as a suitable location.—*Nashville Journal of Med. and Surgery.*

EDITORIAL AND MISCELLANEOUS.

Resignation.—In February last, Dr. E. H. Parker, Professor of Anatomy in the New York Medical College, sent in his resignation of the chair occupied by him in that institution. Other engagements, inconsistent with the duties of a public teacher, and somewhat unexpectedly devolved upon him, made this step necessary. The resignation has not yet been accepted, but as it is insisted upon by Dr. Parker, it undoubtedly will be, and a successor soon appointed.

New Hampshire Medical Society. After three years absence we had the pleasure of being present at the annual meeting of this venerable Society in June last. It is one of the oldest associations of the kind in the country, the last being its *sixty-sixth* anniversary; but it not only bears its age well; it renews its youth. In years past it has encountered great perils, though the constant and vigorous support of such men as Twitchell has saved it from destruction. Now about as many new members are annually elected as used to make up the whole society. These consist chiefly of young and active men,

whose vigor tempered by the caution of those who are older, is carrying it on to a more useful future. Its sessions now continue two days, and are chiefly occupied by scientific—not constitutional—discussions, and therefore are looked forward to with pleasure, and are attended with profit. Last year the society published its first "transactions," which, though a modest volume, still gave promise of better things to come. The volume this year will be more valuable, if we may judge from the papers which we heard. In these transactions we feel an especial interest, the proposition to publish having originated with us several years since. Other good seed sown at that time we observe is springing up, and will soon bear fruit. Dr. Wheaton, the oldest Army surgeon now in service, was the guest of the Society.

New York and Philadelphia.

In the short sketch of the meeting of the American Medical Association, at Detroit, with which a friend who was present favored us, last month, allusion is made to some sectional feelings in which our Pennsylvania neighbors saw fit to indulge. We say sectional, not in the sense of North against South, East against West—but Philadelphia against New York. It is but another manifestation of a spirit which constantly peeps out from under the shad-bellied coats of our neighbors, and which we wish they would keep out of medical societies. If the exciting subjects which politicians succeed in keeping constantly before our people, are, with entire unanimity, excluded from the meetings of the American Medical Association, it would *seem* to be practicable for Philadelphians to lay aside for three days all *expression* of their feelings whenever New York is mentioned. We know that a disclaimer will at once be entered by our neighbors, against this feeling, and they will perhaps think they are innocent of it; but any one, with half an eye, can see that it exists, and is as manifest in medicine as in every thing else.

It happens that the early teachers in the medical department of the University of Pennsylvania were very distinguished men. Men who conferred honor on, as well as received it from, their professorships. They stood for a time alone in teaching medicine; as the faculty of a school, established for the purpose, they conferred degrees, and being without competition were marked and prominent among the profession. They became known at home and abroad, and their names are still cherished and honored.

But since that time other schools have sprung up, not only in Philadelphia, but in almost every State in the Union. Their chairs are occupied by men who compare not unfavorably with the successors of Physick and Rush, and their associates, and who, for originality of conception, for ability of execution, for learning, and for eloquence, need not fear comparison with any teachers of any nation. Physick was a great man, but Mott, and Brainard, and Pope, and Eve, and Gross, and Stone, are greater than he is who occupies Physick's chair. Still the same *prestige* is claimed for, and in a measure allowed to, Philadelphia, that it formerly possessed. Most tenaciously is it claimed, and, in general it is good naturedly allowed. But day by day it glides away, and at every opportunity that offers, Professors, Grinders, Publishers, and the whole corps medical of that city clutch at their departing fame, if possibly it may be retained a little longer. New York, especially, from its vicinage, and from its facilities for instruction, which so far surpass those of its neighbor, comes in for a chief share of ill-will. Students of medicine are told by respectable men, stories about this city, which, if we did not charitably suppose them to spring from ignorance, we should be compelled to brand as falsehoods. At New York, the managers of the National Association, chiefly from Philadelphia, contrive to break through the rule of custom, and to put a gentleman from another State in the President's chair. If New York demonstrates to the satisfaction of the stupidest, that it is possible to publish the transactions better, and more economically by between five and ten hundred dollars a year, Philadelphia clutches back the right to publish, though it does not dare to ignore the lesson.

But the exhibition of this feeling, to which we desired particularly to refer, was the outbreak of rampant jealousy at the last meeting of the Association, which took place when it was proposed that Dr. James R. Wood, of this city, should exhibit to the Association the inferior maxillary bone, which he had recently removed. By referring to our account of the proceedings, published last month, it will be seen that Dr. Gross presented a resolution, which was adopted, inviting Dr. Wood to exhibit the specimen. The next day, Dr. Neill, of Philadelphia, offered a resolution that "no medical preparation, account of surgical operation, &c., be laid before the Association until reported upon by a special committee."

Dr. Wood presumed, and correctly, too, that this resolution was aimed at him, and made some remarks which, we beg our readers to turn to and read, on pages 440–441 of the last volume, with the subsequent debate upon the matter.

Now, it is observable that "Dr. Neill disclaimed the intention of personal allusion in the resolution," but offered it because it "*embodied* a principle which never should be violated." It is apt to be the case, that when in debates a resolution is offered intentionally offensive to others, the thin cloak of *principle* is thrown over the deed. There is no reason to suppose this to be any exception to the general rule, for it is observable that the resolution was only withdrawn when the invitation to Dr. W. had *been stricken from the minutes*, and was not afterward renewed; as ought to have been done if Dr. N. was so very anxious to "embody his principle," and to guard against the abuse of the privilege by other persons.

It was not the sudden outgushing of a principle long pent up in Dr. N's mind. That would have broken forth when the resolution of invitation was offered; whereas, this was concocted between sessions, and, we judge, as deliberately planned, as it was impudently carried out. The fact that a rumor of the resolution had reached Dr. Wood even, before it was offered, shows that we are correct.

Let us note what was actually done. Dr. Gross, a man eminent in surgery, announces that there is present a gentleman who has a bone, removed in consequence of a rare disease, and proposes that the National Medical Association should examine it. This is agreed to, and some time after, a gentleman professes to desire to "embody a principle," and to be very squeamish for fear that the privilege might be abused or notoriety given to an individual, and makes such a fuss that the good-natured, easy, peace-loving Association laugh at a stale joke, and conclude, for the sake of their squeamish fellow-member, not to preserve any record of their desire to look at the bone. The squeamish one is satisfied, but the feelings of a worthy gentleman are wounded by the very tone of the resolution.

The removal of the entire inferior maxillary bone has been twice accomplished successfully, and both times by surgeons of this city. Both specimens have been offered to our National Medical Association, with the proposal that a limited amount of time should be devoted to their examination; and twice, at the instigation of members from Pennsylvania, has the Association voted not to examine them. Does any one suppose that such would have been the result if an English, or German, or French surgeon had offered, under precisely similar circumstances, to exhibit to the same body such a specimen? Not at all; but all would have gazed with staring eyes and gaping mouth, and have always been proud that they had been present when "the distinguished stranger from abroad" described his

wonderful operation. Or would the same course have been adopted by Pennsylvanians, if the lower jaw had been removed first in Philadelphia, instead of New York? Never! And we may add, that the residence of the operator being in that city, no one from New York, or elsewhere, would have so given way to petty jealousy or envy as to adopt Dr. Neill's course.

Dr. J. R. Wood certainly does not need any "notoriety," to be acquired from the Association, but it is a question whether the Association can afford to indulge in the notoriety of twice refusing to receive such rare specimens. Neither of these gentlemen needs Dr. Neill's endorsement, but it is doubtful if Dr. N. will not need some purgation to cleanse him from the odium of this resolution.

We rejoice, not that Dr. Wood has been thus treated, but that there is no danger of the supposition that what we have said (and it is not half we feel), should be attributed to cliquish partiality. We rejoice that we are at liberty to express freely our sentiments concerning this transaction, and to enter our protest against the spirit which, desiring to gratify an illiberal jealousy, does not hesitate to violate the rules of common civility, and to injure, not New York, but the fair fame of our National Association.

Omission.—In the report of the proceedings of the Association, at Detroit, which we gave last month, by some accident, but what we cannot conceive, there was entire omission of the fact that a report on "Strychnia, its chemical and toxicological properties," was presented by our friend, Dr. Lewis H. Steiner, of Baltimore. It was referred to the committee on publication, and will appear in the transactions.

Iodine Water.—Samples of a preparation with this name have been sent to us by Dr. Anders, of this city, by whom it is prepared. Chemists, generally, state that iodine can be dissolved in water, but that the solution is a very weak one, containing in fact only $\frac{1}{7000}$ part of iodine by weight. Dr. Anders states that this is only a simple solution in Croton water, and may be made as strong as $\frac{3}{4}$ of a grain to the ounce. That which we have is said to be $\frac{1}{2}$ grain to the ounce. The preparation is a decidedly brown fluid with a strong smell and taste of iodine. When allowed to stand in an open vessel the color and taste both disappear, the remainder being simply limpid water. We have seen a copy of the report of an analysis, made by

Dr. Chilton, in which he states that he finds it "to be a solution of pure iodine in water." It is a question of interest, by no means unworthy of investigation, what may be the therapeutical value of this preparation. It is claimed for it that it does not produce the same unpleasant effects that sometimes follow the exhibition, either of the solution of iodine with iodide of potassium, or by means of alcohol. If so, and we can in this way introduce pure iodine into the system, without combination with any other substance, important results may follow. Practitioners should remember this solution when prescribing iodine.

Congress of Physicians and Naturalists at Vienna.—This learned body is to assemble, in September next, at the Austrian capital. The American Medical Association, at its last session, appointed our friend, Dr. Glück, of this city, delegate to represent its interests at that meeting. His credentials have been issued, and he will soon be on his journey. The affiliation of various national societies seems a very desirable object, productive of kind feelings and mutual esteem in all parties, and we trust that this Association will make it a constant aim to render these bonds more and more firm.

Professional Changes at Louisville.—Rumor—in this case undoubtedly correct—says that after Dr. Gross's resignation of the chair of Surgery, in the Louisville Institute (the old school), it was offered to Prof. Eve, of Nashville, Tenn., who, of course, declined to accept, having a more desirable situation where he is. Dr. Ethelbert Dudley was next offered the chair, but he also declined to accept it—Dr. Joshua B. Flint, of Louisville, was then offered, and accepted, the place. Some things must have been rather hard to swallow by those members of the Faculty, as Yandell and Miller, who, some sixteen years ago, ejected Dr. Flint from the same chair to which he now returns victorious. The vacancy left in the *new* school by Dr. Flint's removal, is supplied by Dr. Richardson, late Demonstrator of Anatomy in the old school. We do not learn that all the turnings over in that city are completed. These are the most curious, that have thus far occurred.

"*The English Poisoner.*"—William Palmer, surgeon, of Rugeley, now notorious as a murderer, was hung at Stafford, on the 14th of June. His last victim was a sporting friend, J. P. Cook, and it was for killing him that he was convicted. Strychnia was the poison used.

The Microscope and its Revelations. By WILLIAM B. CARPENTER, M.D., F.R.S., F.G.S., etc., etc. With an Appendix containing the Applications of the Microscope to Clinical Medicine, etc. By FRANCIS G. SMITH, M.D., Professor, &c. Illustrated by Four Hundred and Thirty-Four Engravings on Wood. Philadelphia: Blanchard & Lee.

Scarcely had time been allowed for a careful perusal of the English edition of this book, before its American rival was laid on our table, not only copying the original, but with an Appendix of about 70 pages by Prof. Smith. This has been accomplished by advance sheets of the work being forwarded to the publishers, and with Dr. Carpenter's sanction; so that this is an authorized edition, with something of the protection afforded to it which ought to be secured by an international copyright law.

The first five chapters, with the introduction, give a history of microscopes and microscopy, the optical principles on which they are constructed, the apparatus which is necessary or convenient to the observer, the way to manage the instrument and the mode of preparing and preserving objects—that is, this is the portion of the volume concerning using the instrument intelligibly. It is quite like Quekett's book on the microscope. The next three chapters are of vegetable life, protophytes, the higher cryptogamia, and phanerogamic plants. Then follow chapters on protozoa, animalcules, foraminifera, polycystina, etc., zoophytes, echinodermata, polyzoa, mollusca, annulosa, crustacea, insects, and arachnida; one chapter on the tissues of vertebrated animals, another on the applications of the microscope to geology, and the last, a very short one, on polarization, etc. Three hundred and forty-five cuts illustrate these chapters.

It will be seen at once that this is not a professional book—having, in fact, nothing to do directly with medical science—but of use to every one who has any fondness for, or desire to commence, the study of the minute and beautiful wonders of creation. Dr. Carpenter is eminently a compiler; not to the exclusion of originality, but all of his books are largely made up from the labors of others. This is no defect, but an advantage—for desirable as original observers are, it is quite necessary that some one should bring their results together, and, as it were, run them into one homogeneous mass. Liebig possesses much of this same characteristic, carried, in his case, to an injurious excess. He generalizes and groups too hastily, Carpenter usually with consideration and accuracy.

The appendix supplies some of the deficiencies of Dr Carpenter, but chiefly in treating of American microscopes and their manufacturers. To the medical man it supplies what Carpenter omitted, because it would interest only one class of his readers, and, in his own words, "it would have been impossible for him to compress, within a sufficiently narrow compass, a really useful summary of what such readers can readily learn elsewhere." Prof. Smith has hardly succeeded in overcoming this difficulty, and yet to those who are not familiar with the subject, his additions will be interesting and useful.

Although we are particular, some might say whimsical, about the *physique* of books, we have nothing to object to this volume, so far as its proper contents are concerned. It is very handsomely printed on good paper, the impressions from both types and cuts being uniform and good. It is very well bound in muslin, and every thing about it is in excellent taste, except the addition of the publisher's catalogue at the end—that hodge podge of pictures and titles. Sixty-four pages is a grave addition to a book already large enough. This, however, by the way of parenthesis. There is a large fund of information, of sources of intelligent recreation, even, in the volume, which make it of value to every one who is fond of natural science; and to such we cordially commend it.

"*These are my Jewels.*"—A tablet of marble has been prepared, for the new Medical College in Twenty-third street, with the following inscription, which fully explains itself:—

HÆC MEA ORNAMENTA SUNT.

Gorham Beales,	Francis Bullock,
William W. Cahoon,	Francis P. Colton,
Henry H. Curtis,	Enoch Green,
Horatio W. Gridley,	Elihu T. Hedges,
Henry W. Porter,	A. Judson Rand,
Lefroy Ravenhill,	David Seligman,
John Snowden,	Sidney B. Worth,

"Students of the College of Physicians and Surgeons, died of pestilential disease while serving in the public hospitals of New York. This tablet is erected by the Faculty, that the memory of these martyrs of humanity may not die; that, taught by their example, the graduates of the College may never hesitate to hazard life in the performance of professional duty."

Honors to Medical Men. The Minister of Agriculture and Commerce of the French empire, has made the following acknowledgments

of services rendered in 1855, when the cholera raged on the Lower Rhine :—

Gold Medals to three physicians and one health officer.

Silver Medals to five physicians and three medical students.

Bronze Medals to six physicians.

Mon. A. Millet, acting professor at the medical school at Tours, has been authorized to wear the decoration of Knight of the Order of Leopold (Belgian), and Mon. J. Sichel, the occulist at Paris, has been authorized to wear the decoration of Commander of the (Spanish) Order of Isabel the Catholic.

The New Orleans Medical and Surgical Journal. A number of this long established journal, has at length reached us, for which we are trying to be grateful, having mailed the MONTHLY to its direction for something over two years. It is edited by Dr. Bennett Dowler. We make some extracts from this number, and should another ever come, shall hope to be able to do the same with that.

Dr. Benoiston de Chateauneuf has just died, at the age of 84 years.

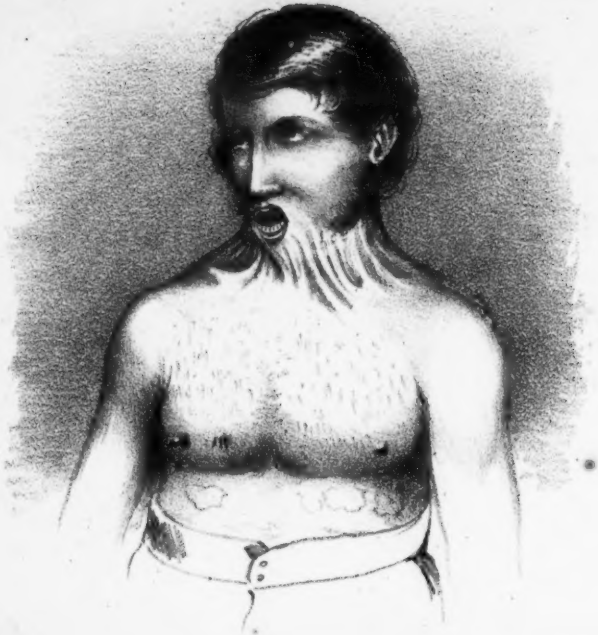
A new medical journal has just appeared at Madrid, called *Emancipation Medicale.*

DEFORMITIES.—Those having cases of deformity under their control which they cannot or do not wish to treat, will do well to send them to Dr. H. G. Davis, of this city, whose articles have occasionally appeared in the MONTHLY, during the last six months. His apparatus seems to have many excellencies, while his long experience in applying it makes his opinion doubly valuable.

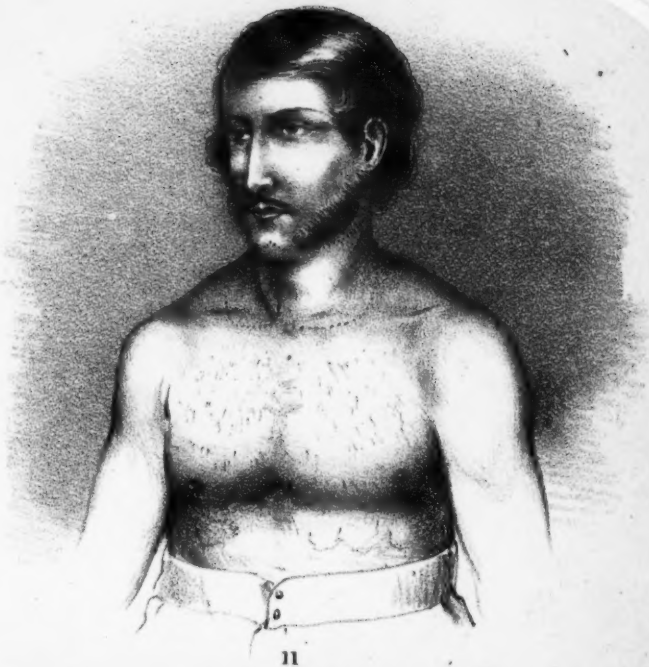
Dr. A. K. Gardner's book on Sterility, is published, and will be noticed next month.

CHEAP ENOUGH.—The following advertisement—a little pathetic, somewhat ludicrous, and very impudent—illustrates a phase in quackery which is just now ascendant :—

"A retired physician, whose sands of life have nearly run out, discovered, while living in the East Indies, a certain cure for consumption, bronchitis, coughs, colds, and general debility. Wishing to do as much good as possible, he will send to such of his afflicted fellow-beings as request it, this recipe, with full directions for making up and successfully using it. He requires each applicant to enclose him one shilling, three cents to be returned as postage on the recipe, and the remainder to be applied to the payment of this advertisement."



I.



II

Dr ALEX.B.MOTT'S CASE OF DEFORMITY FROM A BURN SUCCESSFULLY REMOVED BY AN OPERATION.